



**CHAP REGISTRATION FORM 5787**

**STUDENT'S INFORMATION**

Check here if all student information is on file and remains the same. Then just fill out name & skip remainder of section.

First & Last Name			Hebrew Name	
Grade Entering	School Entering	Gender	DOB	Day or Night?
Child's Cell		Child's eMail		
Any previous Jewish Education? Where?				

**PARENT'S INFORMATION**

Child lives with  Both Parents  Mother  Father  \_\_\_\_\_

<u>MOTHER</u>	<u>FATHER</u>
<input type="checkbox"/> Single <input type="checkbox"/> Married to father <input type="checkbox"/> Married to other	<input type="checkbox"/> Single <input type="checkbox"/> Married to mother <input type="checkbox"/> Married to other
First & Last Name:	First & Last Name:
Full Address:	Address: (if different than mother's address)
Home ph #: ( ) -	Home ph #: ( ) -
Cell ph #: ( ) -	Cell ph #: ( ) -
Work ph #: ( ) -	Work ph #: ( ) -
E-mail:	E-mail:
Jewish? <input type="checkbox"/> By Birth <input type="checkbox"/> Converted (pls provide docs) <input type="checkbox"/> Not Jewish	Jewish? <input type="checkbox"/> By Birth <input type="checkbox"/> Converted (pls provide docs) <input type="checkbox"/> Not Jewish
Sign me up for <input type="checkbox"/> PTA <input type="checkbox"/> Event/Dinner Committee	Sign me up for <input type="checkbox"/> PTA <input type="checkbox"/> Event/Dinner Committee
Occupation:	Occupation:

Are there any ways you can be of assistance? Do you have access to any products that can help with the program or new building?

Is your family a member of a Synagogue? If yes, please specify:

**PHOTO RELEASE STATEMENT, MEDICAL EMERGENCY & LATE PICK-UP**

\_\_\_\_ I hereby grant permission for photography and videography, taken by the staff of Chabad Chayil of myself and my child's activities at Hebrew School or any activities related to it for promotional or public relations purposes. I agree that I am to receive no compensation for my child's appearance and that this participation confers on me no ownership rights whatsoever.

\_\_\_\_ I give permission for my child to receive Tylenol and/or other medications and receive first aid when deemed necessary. I give permission for my child to receive emergency medical treatment from physicians in a medical facility, should he/she become seriously injured or ill. **Please list** any special medical instructions under Emergency Contact & Health Record section.

\_\_\_\_ I agree that my credit card on file will be charged \$1 per minute when child is picked up late.

**COST**

Books & Supplies	<i>Due at Registration. Non-Refundable</i>		<b>\$125</b>
Grades K-1 Hebrew & Judaic	1:45-5:00 (Fri until 4:00)	<b>\$3,000 Year</b> or Session 1 \$1,750 / Session 2 \$2,075 or \$30 Day	
Grades 2-7 Hebrew & Judaic	3:00-5:00 (Fri until 4:00)	<b>\$2,500 Year</b> or Session 1 \$1,400 / Session 2 \$1,660 or \$25 Day	
K-7 Group Homework Help	5:00-6:00 <i>Must bring device for computer work</i>	<b>\$1,000 Year</b> or S1 \$525 /S2 \$622.50 or \$10 Day	
Private Tutoring at Chabad or Virtual	\$40 per half hour session or \$75 per hour		
Transportation	<input type="checkbox"/> Bridgeprep <input type="checkbox"/> VABHO <input type="checkbox"/> No Transportation		\$100 Monthly
Credit Card #	Exp		CUV

**Yearly Plans:**  1 Payment charged on August 15  10 Monthly Payments charged August 15 - May 15  
**Other:**  Session 1 (Aug-Dec) charged Aug 1  Session 2 (Jan-June) charged Jan 1  Daily option charged during prior week

## EMERGENCY CONTACT & HEALTH RECORD

In case of emergency, if either parent cannot be reached, I give authorization to contact:

Emergency Contact #1:	Emergency Contact #2:
Relationship to Child:	Relationship to Child:
Phone #	Phone #
Primary Care Physician:	Phone #

Physician's Address:

Medical Conditions/ Allergies:

Medications/ Treatments:

Special Dietary or Other Health Needs:

Does Child Have Health Insurance?  Yes  No    Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

### COMMUNICATION

Which way will you commit to respond to?  eMail  Facebook  Text Message  Phone Message  WhatsApp

### PTA VOLUNTEER

It takes a village to raise a child! Are you able to help? Being a part of the PTA can be a full-time commitment or just a few hours per month, and we'd appreciate your participation with however much of yourself you can share!

Class Mother  
  Homework Help  
  Monthly Birthday Party Committee  
  Holiday Party Committee  
  Fundraising  
 Movie Night Committee  
  End-of-Year Dinner Committee  
  Yearbook Journal Committee  
  Street Fair Committee

Any other way you can help out?

### NOTES / ANYTHING YOU WANT US TO KNOW?



This form was handed on (date)	to (name)	
Terms	Signature	For Internal Use Registered with _____ <input type="checkbox"/> Attendance <input type="checkbox"/> CRM <input type="checkbox"/> Complete

**WHERE LEARNING IS A WORK OF ART... AND TEACHING IS A WORK OF HEART!  
MAKE SURE TO CHECK OUT PICTURES OFTEN AT [HEBREW.SCHOOL.INFO](http://HEBREW.SCHOOL.INFO)**