



**Hebrew School Registration Form 5777 (2016-2017)**

**Family info**

Family Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Mother's name \_\_\_\_\_ Mother's Hebrew name \_\_\_\_\_  
 Mother's cell \_\_\_\_\_ Mother's Work # \_\_\_\_\_  
 Mother's Email \_\_\_\_\_

Father's name \_\_\_\_\_ Father's Hebrew name \_\_\_\_\_  
 Father's cell \_\_\_\_\_ Father's Work #: \_\_\_\_\_  
 Father's Email \_\_\_\_\_

**1st Child**

Child's name \_\_\_\_\_ Child's Hebrew name \_\_\_\_\_  
 Grade starting September 2016 \_\_\_\_\_  
 Date of Birth (mm/dd/yy) \_\_\_\_\_  
 Any learning issues with general studies? (State difficulty and what is being done to help)  
 \_\_\_\_\_

**2nd Child** (For additional children, please add additional sheet)

Child's name \_\_\_\_\_ Child's Hebrew name \_\_\_\_\_  
 \_\_\_\_\_  
 Grade starting September 2016 \_\_\_\_\_  
 Date of Birth (mm/dd/yy) \_\_\_\_\_  
 Any learning issues with general studies? (State difficulty and what is being done to help)  
 \_\_\_\_\_

**General Information**

Is the natural mother of the child Jewish? \_\_\_\_\_ Is the mother's mother Jewish? \_\_\_\_\_  
 Is the natural father of the child Jewish? \_\_\_\_\_ Is the father's mother Jewish? \_\_\_\_\_  
 Have there been any conversions or adoptions in the family history? \_\_\_\_\_

If yes please include all backup information & documentation.

*Please note all conversions must be made through a registered Beth Din that is certified by the Israel Rabbinate.*

Emergency contact (name and number and relationship to child)

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Persons authorized to pick up my child(ren)

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**Medical Information**

Physician's name \_\_\_\_\_ Number \_\_\_\_\_

Address \_\_\_\_\_

Insurance company covering the child \_\_\_\_\_

Policy number \_\_\_\_\_ Expiration date \_\_\_\_\_

Special instructions (allergies, psychological or medical conditions, medications currently being taken, dietary requirements etc...)

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I hereby give permission, in the event of an emergency, for the Director, the Acting Director, or the Teacher at Chabad of Montville to take whatever steps maybe necessary for the medical care of my child(ren), \_\_\_\_\_. I understand that unless there is a need for immediate action, the order of the steps taken will follow, but will not be limited to, the outline below:

1. The parent/Guardian will be called.  
**Note:** *If the parent/guardian is unavailable, the emergency contact person designated by the parent/guardian will be called.*
2. Child's physician will be called.
3. If these efforts are unsuccessful the following steps will be taken (order may vary depending on the situation):
  - a. Another physician will be called.
  - b. The child will be taken to the nearest emergency room accompanied by a staff member.
  - c. An ambulance will be called to take the child to the nearest emergency room accompanied by a staff member.

In the event of an emergency, if I cannot be reached, I give consent for a Chabad staff member to transport my child to the nearest emergency facility, or to have my child transported by ambulance.

I give consent to any emergency facility and physician to administer any necessary medical treatment to my child as the situation may warrant it.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

**Method of Payment:**

**Payment in Full**                       **Three installments**

\_\_\_\_\_ # 1: **Payment in Full. (\$825 Tuition. \$75 Registration & Book Fee.)**

\_\_\_\_\_ # 2: **Three-Payment Option**

I, \_\_\_\_\_, do hereby state that I will pay \_\_\_\_\_'s

Name of Payee

Name of Student(s)

Hebrew School tuition of \$825.00 to Chabad of Montville in three equal payments of \$275.00.

The first payment will be paid with registration, and each payment following will be paid on or by December 2016.

\_\_\_\_\_  
Signature of Payee

\_\_\_\_\_  
Date