



Hebrew School Registration Form 5778 (2017-2018)

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 biological mother of the child Jewish? _____ Is the mother's mother Jewish? _____
 Is the biological 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)

Persons authorized to pick up my child(ren)

GROW Schedule 2017/18

Session 1

October 8, 22, 29
November 5, 12, 19
December 3, 10, 17

Session 2

January 7, 14, 21, 28
February 4, 25
March 4, 11, 18, 25

Session 3

April 15, 22, 29
May 6, 20

\$180/session
\$500/year

- Session 1**
- Session 2**
- Session 3**

I, _____, do hereby state that I will pay _____'s
Name of Payee Name of Student(s)
Hebrew School tuition of \$ _____ to Chabad of Montville.

Signature of Payee

Date

Medical Information

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

Physician's name _____ Number _____
 Address _____
 Insurance company covering the child _____
 Policy number _____ Expiration date _____

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