B"H
Chabad Coastal Hebrew School

7740-E. El Camino Real.
Carlsbad, CA 92009
Phone: 760-943-8891
Cell Phone: 760-586-6192
www.chabadatlacosta.com/hebrewschool
hebrewschool@chabadatlacosta.com

Registration Form

Chabad Coastal Hebrew School 2016-2017

Student Information

Child 's First & last name:_____
Hebrew Name:_____
Date of Birth: ___/___/_____ Exact time_____ AM PM
School:_____
Grade: _____ Age_____

Address_____
Apt_____ City_____
State_____ zip_____
Home Phone_____
Name of Siblings: _____
Age_____

Parent Information:

Father's Name_____

Religion_____

Occupation_____

Business Name_____

Address_____

City_____ State____ zip_____

Email_____

Cell_____ Facebook

Name_____

Whatsapp_____

B"H
Chabad Coastal Hebrew School

7740-E. El Camino Real.
Carlsbad, CA 92009
Phone: 760-943-8891
Cell Phone: 760-586-6192
www.chabadatlacosta.com/hebrewschool
hebrewschool@chabadatlacosta.com

Mother's Name_____

Religion_____

Mother's Facebook name_____

Occupation_____

Business Name_____

Address_____

City_____ State____ zip_____

Email_____

Cell_____

Whatsapp_____

Marital Status of Parents:

Married_____ Separated_____ Divorced_____

B"H
Chabad Coastal Hebrew School

7740-E. El Camino Real.
Carlsbad, CA 92009
Phone: 760-943-8891
Cell Phone: 760-586-6192
www.chabadatlacosta.com/hebrewschool
hebrewschool@chabadatlacosta.com

Confidential :

Is the natural mother of the child Jewish?_____

Were there any conversions or adoptions in the family?_____

If Yes, please
describe:_____
_____
_____
_____

Other:

What goals do you have for your child attending Hebrew School?

_____
_____
_____
___

Please share any other information you feel is important for Hebrew School to be aware of. This can include exceptional behavior, concerns, particular activities, family relationships etc.

_____
_____
_____
_____
____

B"H
Chabad Coastal Hebrew School

7740-E. El Camino Real.
Carlsbad, CA 92009
Phone: 760-943-8891
Cell Phone: 760-586-6192
www.chabadatlacosta.com/hebrewschool
hebrewschool@chabadatlacosta.com

EMERGENCY FILE

CHABAD COASTAL HEBREW SCHOOL 2016 - 2017

Doctor's Name _____
First Last Phone

Doctor's Address _____
Street/Apt. City Zip

Doctor's phone_____

CONFIDENTIAL:
Does your child have any allergies or other medical condition we should be aware of? If yes, please describe them and indicate special precautions or care needed:
_____
_____

PLEASE LIST BELOW TWO EMERGENCY CONTACTS:

_____
Name Phone Relationship

_____
Name Phone Relationship

PERMISSION FOR EMERGENCY MEDICAL TREATMENT:

As the parent(s) or legal guardian of _____, I/we authorize any adult acting on behalf of Chabad Hebrew School to hospitalize or secure treatment for my child. I further agree to pay all charges for that care and/or treatment. It is understood that if time and circumstances reasonably permit, Chabad Hebrew School personnel will try, but are not required, to communicate with me prior to such treatment.

I hereby give permission for my child _____ to attend all field trips and outings sponsored by Chabad Hebrew School.

B"H
Chabad Coastal Hebrew School

7740-E. El Camino Real.
Carlsbad, CA 92009
Phone: 760-943-8891
Cell Phone: 760-586-6192
www.chabadatlacosta.com/hebrewschool
hebrewschool@chabadatlacosta.com

Signature of Parent or Legal Guardian Date

TUITION AGREEMENT

CHABAD COASTAL HEBREW SCHOOL 2016 - 2017

SUNDAY PROGRAM:

Tuition per year: $800 ($550 for members) - Includes books, supplies, craft, and culinary fee.
Tuition should be paid in full by registration, unless other arrangements are made with the director. Tuition can be paid in cash or by check. Checks should be payable to Chabad. Credit card payment available upon request.

I understand that by enrolling my child, I am committing to pay the above outlined tuition fees.

Signature: _____ Date: _____

*** We at Chabad encourage every Jewish child to have a Jewish education. If you can not afford the tuition fee, feel free to visit our website and fill out the scholarship form**Special promotion**
Receive a 10% discount if you refer a friend who signs up.