



CHAP REGISTRATION FORM 5783

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

Check here if all parent information is on file and remains the same. Then skip this section.

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

____ 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.

COST

Books & Supplies	<i>Due at Registration</i>	\$125
K-1	<i>Early Program</i>	\$250 Monthly
Hebrew & Judaic	<i>3:00-5:00 Daily at Chabad</i>	\$225 Monthly
Homework Help	<i>5:00-6:00 Daily at Chabad - Must bring device for computer work</i>	\$75 Monthly
Private Tutoring at Chabad or Virtual	<i>\$30 per half hour session or \$50 per hour</i>	

Transportation *Availability depends on group size* - Interested in transportation, but registering either way My Registration is dependent on transportation I'm available to help with carpool, and bring other children

<input type="checkbox"/> Credit Card on File <input type="checkbox"/> Head Checks <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card #	Exp	CUV
This form was handed on (date) _____ to (name) _____		

Terms	Signature	For Internal Use Registered with _____ <input type="checkbox"/> Attendance <input type="checkbox"/> CMS <input type="checkbox"/> Complete
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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 #: _____

CLASS OPTIONS

As per DCF requirements, children may attend classes for up to 3 hours per day

Monday	<input type="checkbox"/> K-1	<input type="checkbox"/> 3:00-4:00 Hebrew	<input type="checkbox"/> 4:00-5:00 Judaic	<input type="checkbox"/> 5:00-6:00 Homework Help	<input type="checkbox"/> Tutoring:
Tuesday	<input type="checkbox"/> K-1	<input type="checkbox"/> 3:00-4:00 Hebrew	<input type="checkbox"/> 4:00-5:00 Judaic	<input type="checkbox"/> 5:00-6:00 Homework Help	<input type="checkbox"/> Tutoring:
Wednesday	<input type="checkbox"/> K-1	<input type="checkbox"/> 2:00-3:00 Hebrew	<input type="checkbox"/> 3:00-4:30 Judaic	<input type="checkbox"/> 4:30-5:00 Homework Help	<input type="checkbox"/> Tutoring:
Thursday	<input type="checkbox"/> K-1	<input type="checkbox"/> 3:00-4:00 Hebrew	<input type="checkbox"/> 4:00-5:00 Judaic	<input type="checkbox"/> 5:00-6:00 Homework Help	<input type="checkbox"/> Tutoring:
Friday	<input type="checkbox"/> K-1	<input type="checkbox"/> 3:00-4:00 Parsha & Shabbat Party		<input type="checkbox"/> 4:00-5:00 Brain Games	<input type="checkbox"/> Tutoring

COMMUNICATION

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

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?

ANYTHING YOU WANT US TO KNOW?

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