

B"H

Chabad Hebrew School

Enrollment Form

Child's First Name _____ Last Name _____

Hebrew Name _____ Nickname _____ Date of Birth _____

Address _____ City, State _____ Zip _____

Home Phone _____ Home Fax _____ Email _____

Which school does your child attend? _____

Grade, School Year 2010/11: _____

Does your child read basic Hebrew? Yes No If Yes: Well Fair Poor

Does your child speak Hebrew? Yes No If Yes: Well Fair Poor

Does your child have any difficulties with his general studies? If yes, please specify _____

Mother (or Guardian Name) _____ Jewish Name _____ Occupation _____

Work Phone _____ Cell Phone _____ Email _____

Is mother Jewish? Yes No If Yes: By Birth By Conversion

Is father Jewish? Yes No If Yes: By Birth By Conversion

Father (or Guardian Name) _____ Jewish Name _____ Occupation _____

Work Phone _____ Cell Phone _____ Email _____

Any questions or inquiries can be directed to our office: (925) 846-0700 or CHS@JewishTriValley.com

- Enrollment and acceptance in the Chabad Hebrew School is in no way a validation of one's status as a Jew -

Chabad Hebrew School

Emergency File

Child's Name:

First	Last	Date of Birth
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Father's Name:

First	Last	Cell Phone
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Mother's Name:

First	Last	Cell Phone
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Doctor's Name:

First	Last	Phone
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Doctor's Address:

Street/Suite	City	Zip
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Allergies:

If any, please list

Medical Conditions:

If any, please explain

Other:

Please List Two Emergency Contacts:

Name	Phone	Relationship
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Name	Phone	Relationship
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Permission for Emergency Medical Treatment:

As the parent(s) or legal guardian(s) of _____, I/we authorize any adult acting on behalf of the Chabad of the Tri Valley Hebrew School to hospitalize or secure treatment for my child. I further agree to pay for all charges for that care and/or treatment. It is understood that, if time and circumstances reasonably permit, Chabad Hebrew School will try to communicate with me prior to such treatment.

I/we hereby give permission for my child _____ to attend all field trips and outings sponsored by Chabad of the Tri Valley Hebrew School.

Signature of Parent or Legal Guardian

Date