Chabad Hebrew School of Bensonhurst

8224 23rd Avenue Brooklyn, NY 11214

Registration Application for 2019-2020

Please note, one registration form needed per child

Student Information

Last Name: _____ First Name: _____

Hebrew Name: _____ Gender: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthday: _____ Current School: _____

Parent Information

Father's Name: _____ Hebrew Name: _____

Home Phone: _____ Cell Phone: _____

Father's Email: _____

Mother's Name: _____ Hebrew Name: _____

Home Phone: _____ Cell Phone: _____

Mother's Email: _____

Religious and Educational History

Previous Jewish Education: _____

Does your child read basic Hebrew? None Somewhat Well

Does your child have any learning difficulties with General Studies?___

If yes, please describe: _____

_____

Is the natural mother of the child Jewish? _____

Is the maternal grandmother of the child Jewish? _____

Chabad Hebrew School of Bensonhurst
8224 23rd Avenue Brooklyn, NY 11214

Medical Information

Is there any special medical or other information that we should be aware of? _____

Does your child have any allergies? _____

Is your child currently taking any medication? _____

Family Physician: _____ Phone: _____

Medical Release

I hereby give consent to the administration of the Chabad Hebrew School to take whatever medical measures they deem necessary, at my expense, for my child in the event of a medical emergency.

Signature of Parent or Guardian: _____ Date: _____

Permission Slips

I hereby give permission to my child to participate in all school outings and field trips beyond school properties and to use any transportation selected by the Chabad Hebrew School of Bensonhurst.

Parent's Signature: _____ Date: _____

Chabad Hebrew School of Bensonhurst
8224 23rd Avenue Brooklyn, NY 11214

Tuition Agreement for 2019-2020

Tuition for the year, per child: $600
(includes books, supplies, and crafts fees)
*Tuition should be paid in full by registration. Tuition can be paid in cash, by check, or online by credit card.
*Special promotion: Receive a 10% discount if you refer a friend, new to CHS who signs up. Friends name: _____

Total Cost: _____

Method of payment:

☐ Check

☐ Credit Card

Name on Card:_____

Card Number:_____

Card Type: _____ Exp:_____ CVV:_____

Parent Signature: _____ Date _____

Chabad Hebrew School of Bensonhurst

8224 23rd Avenue Brooklyn, NY 11214

EMERGENCY FILE

CHABAD HEBREW SCHOOL 2019– 2020

Child's Name _____
First Last Date of Birth

Father's Name _____
First Last Cell Phone

Mother's Name _____
First Last Cell Phone

Doctor's Name _____
First Last Phone

Doctor's Address _____
Street/Apt. City Zip

Allergies _____
If any, please list

Medical Conditions_____
If any, please explain

Other _____

PLEASE LIST 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.

_____ _____
Signature of Parent or Legal Guardian Date