



# Chabad Hebrew School

11299 Owings Mills Blvd. STE 202. Owings Mills, MD 21117

Phone: (410) 356-5156

Website: www.ChabadOM.com

E-mail: chanie@ChabadOM.com

## PAGE 1 - REGISTRATION FORM 2019-2020

### STUDENT INFORMATION

Child's Last Name	First Name	Jewish Name
Date of Birth	Approximate Time of Birth (to calculate child's Hebrew birthday)	
Address	City, State	Zip
Phone Number	School Attending	Grade, school year '19/'20

Was the natural mother of the child born Jewish?  Yes  No

Are there any conversions in the family?  Yes  No

If yes, who? \_\_\_\_\_ Please provide copy of conversion papers with this form.

Please provide other pertinent details: \_\_\_\_\_

Are there any adoptions in the family?  Yes  No

If yes, please provide details: \_\_\_\_\_

### PARENT INFORMATION

Father's Name	Occupation
Work Phone	Cell Phone
Mother's Name	Occupation
Work Phone	Cell Phone
Email Address to Receive Updates and Reminders	Cell Phone Number for Text Reminders

*A Link to the Past, a Bridge to the Future*



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## PAGE 2 - EMERGENCY INFORMATION 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 to child
_____	_____	_____
Name	Phone	Relationship to child

### ***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 of Owings Mills 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. I also allow Chabad to use my child's picture for promotional purposes.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

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## **PAGE 3 - TUITION AGREEMENT 2019-2020**

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The following document is a tuition agreement for Chabad Hebrew School. The signed tuition agreement, along with the registration form and deposit, must be submitted before September 1, 2019.

### **TUITION INFORMATION**

Child's Name \_\_\_\_\_

#### **Fees**

Cost for the 2019-2020 School Year is \$600 plus a \$50 security fee.

#### **Payment Plans**

- Full payment of \$650 is enclosed or will be paid by September 1, 2019.
- Ten post-dated checks of \$65 each are enclosed or will be received by September 1, 2019.
- Credit Card payments in monthly installments of \$65 each, charged on the first of each month for ten months, beginning September 1, 2019. (Please provide credit card information below.)

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please print name: \_\_\_\_\_

#### **Credit Card Information (if applicable)**

Name on card \_\_\_\_\_

Card number \_\_\_\_\_

Exp. date \_\_\_\_ / \_\_\_\_

*Please mail completed forms to address listed above. If you have any questions or there is something you would like to discuss, please call the director, Chanie Katsenelenbogen, at 410-356-5156.*

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