

# Enrollment Form 2016 - 2017

*Please PRINT this form, complete and send in with your payment to:*

*6 Rehoboth Rd., Flanders, NJ, 07836*

Or email to [fraida@mychabadcenter.com](mailto:fraida@mychabadcenter.com)

**Child Information** (if enrolling more than one child please copy and complete child info).

First name ..... Last Name ..... Hebrew Name .....

D.O.B. .... / .... / ..... Entering Grade .....

My child's knowledge of Hebrew reading: Poor ..... Fair ..... Good .....

Does your child have any special learning or behavioral needs? .....

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## **Family Information**

Are the natural mother, maternal grandmother and father Jewish? Yes..... No .....

If no, please explain .....

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Have there been any conversions or adoptions in your family? Yes ..... No .....

If yes, please explain .....

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## **Parent Information**

Address ..... City ..... Zip.....

**Father's Name** .....

Phone: Home #..... Work #..... Cell #.....

E-mail Address: .....

**Mother's Name** .....

Phone: Home #..... Work #..... Cell #.....

E-mail Address: .....

Name of emergency contact ..... Phone #.....

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In the event of an emergency, The Chabad Hebrew School has my permission to arrange for any necessary first-aid or care for my child. I hereby hold harmless and release The Chabad Hebrew School and its representatives from any liability regarding thereto. I take responsibility for any damage caused by my child/ren at the Hebrew School facility. I allow photos of my family to be used for any legitimate use.

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**Payment Options:**

Make check payable to Chabad Jewish Center

I am mailing **One** check for payment in full \$..... or Charge my credit card  
#..... Exp: ...../...../.....

Signature of parent or legal guardian .....

Child/ren will be accepted into The Chabad Hebrew School upon receipt of either one check of full payment or a valid credit card number.