

Chabad Noe Valley - Hebrew School Application

Student Information

Name: _____

Hebrew Name: _____

Birth date: _____ / _____ / _____

Does your child read or speak Hebrew? Yes No _____

What school does your child attend?

Is the natural mother of the child Jewish? Yes No

Were there any conversions or adoptions in your family? Yes No If Yes please describe:

Additional comments:

Parent Information

Father's Name: _____

Home Phone Number: _____

Work Phone Number: _____

Mobile Phone: _____

Occupation: _____

Mother's Name: _____

Home Phone Number: _____

Work Phone Number: _____

Mobile Phone: _____

Occupation: _____

Address: _____

City, State, Zip _____

Emergency Information

Emergency Contact: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Doctor: _____

Address: _____

Phone Number: _____

Allergies or other Medical Condition:

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.

I hereby give permission for my child to attend all field trips and outings sponsored by Chabad Hebrew School.

Check one)

Enclosed is my full payment of \$650.

Enclosed is a \$50 non refundable deposit (balance due when school begins can be paid in full (\$600) or 10 head checks for \$60 each payable on the 1st of each month from Sept. through June.)

Signature of parent or legal guardian

Date

Please mail completed form to: Chabad Hebrew School
3771 Cesar Chavez Street.
S. Francisco, CA 94110