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Chabad Hebrew School

1096 Gallery Drive Oceanside, CA 92057

Phone: 760-806-7765 Fax: 760-806-7662

Website: www.JewishOceanside.comE-mail: HebrewSchool@JewishOceanside.com

ENROLLMENT FORM

CHABAD HEBREW SCHOOL 2011-2012

Child's First Name	Last Name	Date of Birth
Hebrew Name	Nickname	Jewish Birthday (if known)
Address	City, State	Zip
Phone	Fax	E-mail
Mother (or Guardian name)	Hebrew Name	Occupation
Bus. Phone	Cell Phone	E-mail
Father (or Guardian name)	Hebrew Name	Occupation
Bus. Phone	Cell Phone	E-mail

STUDENT INFORMATION:

What school does your child attend? _____

Grade, School Year 2011-2012: _____

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

Additional Comments: _____

TUITION INFORMATION:

Cost for the 2011- 2012 School year is:

Grades Pre K – 7: \$450.00 before May 31st, 2011 \$500.00 after June 1st, 2011

Payment Plans

- Full payment is enclosed
- 10 Post dated checks are enclosed
- Other – If you need to arrange another payment plan, please don't hesitate to call and discuss this.



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EMERGENCY FILE

CHABAD HEBREW SCHOOL 2011 - 2012

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 BELOW 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.

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

Signature of Parent or Legal Guardian_____
Date