

Chabad Hebrew School Program Registration Form

Fun and meaningful Judaic enrichment for Jewish children

ALL INFORMATION IS STRICTLY CONFIDENTIAL—FOR OFFICE USE ONLY

Please return form to: Chabad Lubavitch Jewish Center 515 Meetinghouse Rd. Rydal, PA 19046

Tel: 267-536-5757 www.JewishAbington.com

General Information

Child #1 Name _____

Hebrew Name _____ DOB _____

Grade Entering in September _____

Child #2 Name _____

Hebrew Name _____ DOB _____

Grade Entering in September _____

Child #3 Name _____

Hebrew Name _____ DOB _____

Grade Entering in September _____

Educational Information

Child #1

Previous Education _____

Doesn't read Hebrew ☐ Can recognize Hebrew letters ☐ Can read slowly ☐

Child #2

Previous Education _____

Doesn't read Hebrew ☐ Can recognize Hebrew letters ☐ Can read slowly ☐

Child #3

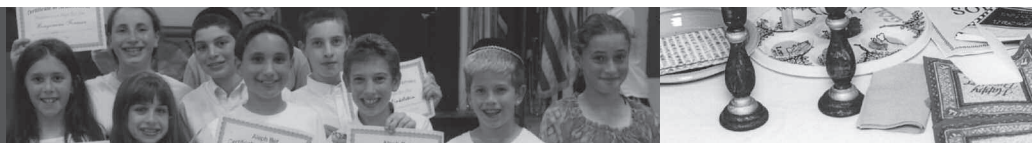
Previous Education _____

Doesn't read Hebrew ☐ Can recognize Hebrew letters ☐ Can read slowly ☐

Emergency Contact Information

Name _____

Relationship _____ Phone _____



Family Information

Father's Name _____ Hebrew Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____ Occupation _____

Mother's Name _____ Hebrew Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____ Occupation _____

Paternal Grandparents' Name _____ Phone _____

Address _____ City/State/Zip _____

Maternal Grandparents' Name _____ Phone _____

Address _____ City/State/Zip _____

Were there any conversions or adoptions in your family? If yes, please explain _____

Are the natural parents of the child/ren Jewish? Father ☐ Mother ☐ Both ☐

Medical Information

Is there any special medical or other information regarding your child/ren, of which our school should be made aware? _____

Chabad Hebrew School Program has my permission to arrange for any necessary first aid or care by a licensed physician for my child while he/she is attending school.

Signature of parent or guardian _____