

B"H  
**Chabad Jewish Community Center  
Hebrew School**



Serving the Pacific Palisades Community  
"WHERE KIDS LEARN IN A FUN AND CREATIVE ATMOSPHERE"

**2005-2006 HEBREW SCHOOL REGISTRATION FORM**

Name of Child: \_\_\_\_\_  
(first name) (middle name) (last name) (Hebrew name)

Child's Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: M/D/Y \_\_\_\_\_ A.M./ P.M. (so that we can calculate Hebrew Date)

Program Attending: Sunday 9:30AM – 12:00PM \_\_\_\_\_ Tuesday 3:30PM- 5:00PM \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Telephone Number: \_\_\_\_\_ E Mail Address: \_\_\_\_\_

School Grade: \_\_\_\_\_ School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

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**Please indicate in detail your child's prior medical conditions:**

\_\_\_\_\_

\_\_\_\_\_

**Please specify anything your child is allergic to:**

\_\_\_\_\_

\_\_\_\_\_

**Are there any medical instructions you would like to give regarding your child?**

\_\_\_\_\_

\_\_\_\_\_

**Please indicate your child's Doctor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_**

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**Please specify your child's prior Hebrew Education:**

\_\_\_\_\_

\_\_\_\_\_

**Does your child speak Hebrew?** \_\_\_\_\_

**If yes, does your child speak Hebrew at home?** \_\_\_\_\_

**Does your child read Hebrew? (If yes, indicate reading level)** \_\_\_\_\_

**Does your child write in Hebrew? (If yes, indicate writing level)** \_\_\_\_\_

**Please indicate your child's extra curricular activities and hobbies:**

\_\_\_\_\_

\_\_\_\_\_

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**Please indicate in detail the goals you wish your child to achieve in Hebrew School this year:**

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## Chabad Jewish Community Center Hebrew School

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### NAME OF OTHER CHILDREN LIVING AT HOME:

Name of Child: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_  
(first name) (middle name) (last name)

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School Name: \_\_\_\_\_ School Grade: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_  
(first name) (middle name) (last name)

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School Name: \_\_\_\_\_ School Grade: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_  
(first name) (middle name) (last name)

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School Name: \_\_\_\_\_ School Grade: \_\_\_\_\_

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### PARENTS INFORMATION:

Name of Father: \_\_\_\_\_  
\_\_\_\_\_ first name) (middle name) (last name) (Hebrew name)

Fathers Occupation: \_\_\_\_\_ Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
\_\_\_\_\_ (Street) (City) (State) (Zip Code)

Company Telephone Number: \_\_\_\_\_ Cellular/Pager  
Number: \_\_\_\_\_

Name of Mother: \_\_\_\_\_  
\_\_\_\_\_ (first name) (middle name) (last name) (Hebrew name)

Mother's Occupation: \_\_\_\_\_ Company  
Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
\_\_\_\_\_ (Street) (City) (State) (Zip Code)

Company Telephone Number: \_\_\_\_\_ Cellular/Pager  
Number: \_\_\_\_\_

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### EMERGENCY CONTACT INFORMATION:

Please indicate two emergency contacts (other than parents and siblings):

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relations:

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relations:

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I/We hereby permit my child \_\_\_\_\_ to participate in all school activities and join in school trips on and beyond school properties. In case of emergency, I hereby authorize the School to have my child taken care of by a physician in any way the situation may call for.

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**