

B"H
Chabad Jewish Community Center
Hebrew School



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

For more information, please call 310-454-7783
 www.ChabadPalisades.org info@ChabadPalisades.org

2009-2010 HEBREW SCHOOL REGISTRATION FORM

1. Student's Name		DOB (MM/DD/YY)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Address		City/State/Zip	
School Attending (Fall '09)	Grade Entering Sept. 2009	<input type="checkbox"/> Sunday 9:30 am - 12:00pm	<input type="checkbox"/> Monday 3:30 pm -5:00 pm
2. Student's Name		DOB (MM/DD/YY)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Student's Hebrew Name			
School (Fall '09)	Grade Entering Sept. 2009	<input type="checkbox"/> Sunday 9:30 am - 12:00pm	<input type="checkbox"/> Monday 3:30 pm -5:00 pm
3. Student's Name		DOB (MM/DD/YY)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Student's Hebrew Name			
School (Fall '09)	Grade Entering Sept. 2009	<input type="checkbox"/> Sunday 9:30 am - 12:00pm	<input type="checkbox"/> Monday 3:30 pm -5:00 pm

PARENT INFORMATION

Mother's Name	Home Phone
Address (If different than child)	Work Phone
Email Address	Cell Phone
Father's Name	Home Phone
Address (If different than child)	Work Phone
Email Address	Cell Phone

EMERGENCY CONTACT INFORMATION

Additional Emergency Contact Name		Home Phone	
Home Address		Work Phone	Cell Phone
List all persons authorized to pick-up student from campus			
Name	Relationship	Home Phone	Cell Phone
Name	Relationship	Home Phone	Cell Phone
Name	Relationship	Home Phone	Cell Phone

PRICING & SCHEDULE

There is a 10% discount for each additional child.
 Tuition and fees must accompany the registration form. Please make checks payable to: Chabad of Pacific Palisades. No one will be turned away for lack of funds, payment plans are available.

<input type="checkbox"/> Sunday	9:30 am – 12:00 pm	\$700
<input type="checkbox"/> Monday	3:00 pm – 5:30 pm	\$700

HEALTH FORM

Please use one Health Form per each student only.

You may photocopy this form for additional forms.

Student's Name _____

Please check below if your child currently has or has suffered from the following:

- Serious Illness/Operation
 Ear Trouble
 Kidney Disease
 Glasses/Contact Lens
 Asthma
 Eye Trouble
 Rheumatic Fever
 Hearing Aid
 Seizures
 Heart Disease
 Tuberculosis
 ADD/ADHD

Please explain any items checked (attach an additional page if necessary) _____

Are your child's immunizations current for the State of California school requirements? Yes No

Does your child have any food, medication, insect bite or sting allergies that we should be aware of? Yes No

If yes, please explain. _____

Does your child have any behavior, emotional, physical or mental health problems that we should be aware of? Yes No

If yes, please explain. _____

Has your child had a tetanus shot? Yes No Date of last tetanus shot? _____

Name of your child's physician _____ Phone _____

Address _____ City _____

Name of Insurance _____ Group or Medical # _____

Name of your child's dentist/orthodontist _____ Phone _____

Address _____ City _____ Zip _____

All prescription medications must have an accompanying written statement from the physician detailing the purpose and method of dispensing the medication (see below.) Prescription medications must be in the original, labeled container.

Nature of condition (s) requiring medication _____

Name of Prescribed Medication	Dosage	Time of Administration	Adverse Reactions?
_____	_____	_____	_____

PARENTAL RELEASE AND CONSENT

All of the forms must be on file in the Hebrew School office prior to the first day of Hebrew School. Parents are responsible for keeping the school informed of any changes in the emergency information.

If your child becomes ill during the school day, you or your emergency contact will be called to take your child home. We will not release your child to anyone other than the parents unless we have authorization in writing in the Hebrew school office. If someone else will be picking up your child, please fill out the permission slip provided by the teachers.

In case of an accident or any emergency requiring immediate attention, our first attempt will be to reach the parent, then follow the instructions on the emergency form. We will call the doctor and/or paramedics. Our staff will take every precaution necessary to provide and implement a SAFE environment for your children.

In case of a disaster (i.e.: earthquake, fire etc.) that renders our facility unsafe, we would evacuate to the exterior of the school campus near Monument and Sunset. Also our staff will be assisting you with more detailed information upon your arrival so that you can pick your child up safely.

I certify that no information concerning the health of this student has been withheld or misrepresented. I authorize our physician to provide further medical history should it be deemed necessary.

This completed form may be photo copied for fieldtrips away from school. I hereby give permission, for my child registered in any of the Sunday or Monday programs of Chabad Hebrew School, to be taken by school bus on all outings and trips when scheduled. I give permission to Chabad Hebrew School to use school photos of my children in any Chabad Hebrew school publicity.

Signature of Parent or Guardian _____ MM/Day/Year _____