Chabad Hebrew School

• 452 Brookside Drive • Fairfield, CT 06824-2418

Registration Application

Student Information

Last Name: _____ First Name: _____

Hebrew Name: _____ Gender: ___ Grade Entering in Sept: _____

Date of Birth: ____/____/_____Time of Day ___:____ AM / PM

Current School: _____

Family Information

☐*All family information is the same as first child.*

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Father's Name:_____ Hebrew Name: _____

Work Phone:_____ Cell Phone:_____

Father's Occupation: _____

Mother's Name: _____ Hebrew Name: _____

Work Phone:_____ Cell Phone:_____

Mother's Occupation: _____

Mother's Email: _____ Father's Email:_____

Which email would you like used for updates and newsletters? Mother /Father/Both

Marital Status: ___Married ___ Single ___ Divorced

Religious and Educational

Previous Jewish Education:_____ Does your child read basic Hebrew? Y/N

Does your child have any learning difficulties with General Studies? Y/N

If yes, please describe: _____

Does your child have an IEP? Y/N **If yes, please submit a copy with the registration form.*

Is the natural mother of the child Jewish? Y/N Is the natural father of the child Jewish? Y/N

Is the maternal grandmother of the child Jewish? Y/N

Are there any conversions and/or adoptions in the family? Y/N

If yes, please explain: _____

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Medical Information

Is there any special medical or other information that we should be aware of? Y/N

If yes, please describe: _____

Does your child have any allergies? Y/N

Is your child currently taking any medication? Y/N

Family Physician: _____ Phone: _____

Medical Ins. Co._____ Policy #: _____

Emergency Contact 1:_____ Relation: _____

Phone #:_____

Emergency Contact 2:_____ Relation: _____

Phone #:_____

Medical Release

I hereby give consent to the administration of the Chabad Hebrew School to take whatever medical measures they deem necessary, at my expense, for my child in the event of a medical emergency. *Parent's Signature*_____ *Date:* _____

Grandparent Information

We like to update your child's grandparents throughout the year - whether it's a Nachas report or Pre-Holiday card etc.

Grandparent(s) Full Name(s): _____

Maternal or Paternal?: _____

Address/City/Zip: _____

Phone Number: _____

Email address: _____

Grandparent(s) Full Name(s): _____

Maternal or Paternal?: _____

Address/City/Zip: _____

Phone Number: _____

Email address: _____

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Permission Slips

I hereby give permission to my child, _____, to participate in all school outings and field trips beyond school properties and to use any transportation selected by the Chabad Hebrew School.

*Parent's Signature*_____ *Date:* _____

I grant permission for my child, _____, to be photographed in individual or group pictures which may be used by Chabad Hebrew School for P.R.

*Parent's Signature*_____ *Date:* _____

How did you hear about Chabad Hebrew School of Fairfield? _____