



CHABAD HEBREW SCHOOL 2015/2016 (5775)

Enrollment Form - K-7th Grade

Child #1

Last Name: _____ First Name: _____

Hebrew Name: _____ Date Of Birth ____/____/____ Entering Grade: (Fall 2015) _____

My Child's knowledge of basic Judaism is: (Check One) Good Fair Poor.

My Child: (Check One) Does Not Read Hebrew Recognizes letters of the Alef-Bet
 Can read Hebrew slowly Can read Hebrew very well.

Child #2

Last Name: _____ First Name: _____

Hebrew Name: _____ Date Of Birth ____/____/____ Entering Grade: (Fall 2015) _____

My Child's knowledge of basic Judaism is: (Check One) Good Fair Poor.

My Child: (Check One) Does Not Read Hebrew Recognizes letters of the Alef-Bet
 Can read Hebrew slowly Can read Hebrew very well.

FAMILY INFORMATION

Are the child's natural parents Jewish by birth? Yes No If no, please explain: _____

Have there been any conversions or adoptions in your family? Yes No

If yes, please explain: _____

Home Address: _____ City/Zip _____

Subdivision: _____ Home Phone: : _____

FATHER

First Name: _____

Bus. Phone #: _____

Cell/Pager#: _____

Email: _____

MOTHER

EMERGENCY INFORMATION:

In case of emergency and the parents cannot be contacted please contact: _____

Phone number: _____ Relationship: _____

PAYMENT INFORMATION:

Child 1: Registration & book fee: \$25 Tuition: \$650 Total enclosed: _____

Child 2: Registration & book fee: \$25 Tuition: \$650 Total enclosed: _____

In the event of an emergency י"ן, The Chabad Hebrew School 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.

I have completed the enrollment form and I have enclosed my registration fee and appropriate payment for my child(ren) to attend the Chabad Hebrew School. I agree to pay any balance prior to the start of the school year.

Parent's Signature: _____ Date: ____/____/____

Make all checks payable to: Chabad of North Fulton. Return application together with your registration fee to:

Chabad of North Fulton - 10180 Jones Bridge Road - Alpharetta, Georgia 30022

Office Use Only

CMS QB Handbook