



in cooperation with



2014-2015 Hebrew School Application

Student Information - Please use one form per student:

Name: _____

Hebrew Name: _____

Birth date: _____/_____/_____

Does your child read basic Hebrew? Yes No If Yes: Good Fair Poor

What school does your child attend? _____ Grade Entering: _____

Additional comments or considerations:

Enrollment fee: \$535/per child/per school year

Payment plan: In full _____ Half now/Half in January 2014 _____ Other _____

Parent Information

Father's Name: _____

Home Phone Number: _____

Work Phone Number: _____

Mobile Phone: _____

Occupation: _____

Email address: _____

Mother's Name: _____

Home Phone Number: _____

Work Phone Number: _____

Mobile Phone: _____

Occupation: _____

E-mail Address: _____



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Emergency Information

Emergency Contact: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Doctor: _____

Address: _____

Phone Number: _____

Allergies or other Medical Condition:

As the parent(s) or legal guardian of _____, I/we authorize any adult acting on behalf of Chabad Center Hebrew School (in cooperation with Yavneh) to secure emergency medical treatment for my/our child and agree to pay all charges for that treatment. It is understood that Chabad Center Hebrew School personnel will make their best effort to communicate with me/us prior to such treatment or as soon as possible as emergency permits.

I/We give permission for my/our child to participate in all school activities, join in class and school trips on and beyond school properties, and to be photographed for publication while participating in Chabad Center Hebrew School activities.

Signature of parent or legal guardian

Date

Additional comments or concerns:

Please mail completed form and payment to:
Yavneh: A Jewish Renewal Community
4030 Wake Forest Road, Suite 300
Raleigh NC, 27609