



B"H  
Chabad Coastal Hebrew School  
7740-E. El Camino Real.  
Carlsbad, CA 92009  
Phone: 760-943-8891  
Cell Phone: 760-586-6192  
www.coastalhebrewschool.com  
hebrewschool@chabadatlacosta.co

# REGISTRATION FORM

CHABAD COASTAL HEBREW SCHOOL 2019-2020

## Student Information

Child's First & last name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ AM or PM

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

Grade: \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Name of Siblings: \_\_\_\_\_

Age \_\_\_\_\_

## Parent Information:

Father's Name \_\_\_\_\_

Religion \_\_\_\_\_

Occupation \_\_\_\_\_ Cell

Number \_\_\_\_\_

Email \_\_\_\_\_

Mother's Name \_\_\_\_\_

Religion \_\_\_\_\_

Mother's Facebook name \_\_\_\_\_

Occupation \_\_\_\_\_

Cell Number \_\_\_\_\_

Marital Status of Parents:

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Other \_\_\_\_\_



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**Confidential:**

Is the natural mother of the child Jewish? \_\_\_\_\_

Were there any conversions or adoptions in the family? \_\_\_\_\_

If Yes, please  
describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other:**

What goals do you have for your child attending Hebrew School?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share any other information you feel is important for Hebrew School to be aware of. This can include exceptional behavior, concerns, particular activities, family relationships etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**CHABAD COASTAL HEBREW SCHOOL 2019 – 2020**

**EMERGENCY FILE**

Doctor's Name \_\_\_\_\_  
First Last Phone

Doctor's Address \_\_\_\_\_  
Street/Apt. City Zip

Doctor's phone \_\_\_\_\_

Does your child have any allergies or other medical condition we should be aware of? If yes, please describe them and indicate special precautions or care needed:

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE LIST BELOW TWO EMERGENCY CONTACTS:**

\_\_\_\_\_  
Name Phone Relationship

\_\_\_\_\_  
Name Phone Relationship

**PERMISSION FOR EMERGENCY MEDICAL TREATMENT:**

As the parent(s) or legal guardian of \_\_\_\_\_, I/we authorize any adult acting on behalf of Chabad Hebrew School to hospitalize or secure treatment for my child. I further agree to pay all charges for that care and/or treatment. It is understood that if time and circumstances reasonably permit, Chabad Hebrew School personnel will try, but are not required, to communicate with me prior to such treatment.

I hereby give permission for my child \_\_\_\_\_ to attend all field trips and outings sponsored by Chabad Hebrew School.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date



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## TUITION AGREEMENT

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### ***SUNDAY PROGRAM:***

Tuition per year: \$800 (\$550 for members) - Includes books, supplies, craft, and culinary fee.

Tuition should be paid in full by registration, unless other arrangements are made with the director. Tuition can be paid in cash or by check. Checks should be payable to Chabad. Credit card payment available upon request.

I understand that by enrolling my child, I am committing to pay the above outlined tuition fees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* We at Chabad encourage every Jewish child to have a Jewish education. If you can not afford the tuition fee, feel free to visit our website and fill out the scholarship form\*\*Special promotion Receive a 10% discount if you refer a friend who signs up.**