

ב"ה



Learn it. Live it. Love it.

## Registration Application 2011-2012

### Student Information

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

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

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time \_\_\_\_\_  AM  PM

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

What school does your child attend? \_\_\_\_\_

Does your child have any difficulties with his general studies? \_\_\_\_\_

Is the natural mother of the child Jewish?  Yes  No

Were there any conversions or adoptions in your family?  Yes  No If Yes please describe:  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Parents Information

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

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

24412 Narbonne Avenue Lomita, CA 90717

Phone: (310) 634-4516 \* Email: rabbisp@gmail.com \* Website: www.chabadsb.org



## Registration Application 2011-2012 – Continued

### Emergency Information

Emergency Contact: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Allergies or other Medical Condition:

\_\_\_\_\_

\_\_\_\_\_

As the parent or legal guardian of \_\_\_\_\_, I 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.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

### Tuition

\$650

No child will be turned away due to lack of financial means. If needed please request a scholarship form.

You may choose from the following payment methods

PLAN A: You may pay the entire amount in full.

PLAN B: You pay the annual tuition on a monthly basis by submitting 10 checks of \$65 each, dated September through June. All checks must be submitted before the first day of Hebrew School.

Please include \$50 with your application for registration and book fees, and as a deposit to insure a space for your child.

Please make checks payable to: Chabad of South Bay

Please mail completed form to: Chabad Hebrew School  
24412 Narbonne Ave.  
Lomita, CA 90717

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