



Learn it. Live it. Love it.

Registration Application 2017-2018

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 2016-2017 – 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 plus \$50 Registration fee

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 5 checks of \$130 each, dated September through January. 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
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