

## Chabad Hebrew School Application

### Student Information

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

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

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

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

What school does your child attend?

\_\_\_\_\_

What is your child's favorite subject? \_\_\_\_\_

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

\_\_\_\_\_

Additional comments:

\_\_\_\_\_

\_\_\_\_\_

### Parent Information

Father (or Guardian Name): \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

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

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

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

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

Mother (or Guardian Name): \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

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

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

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

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

### 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 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

☐ I have enclosed payment of \$500.00 for tuition for my child.

☐ I have enclosed a deposit of \$ \_\_\_\_\_ for tuition for my child, and will call Rabbi Lezell to discuss further payment.

Please mail completed form to:

**Chabad Hebrew School  
2273 Queen St East  
Toronto ON M4E 1G5**