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Chabad JEWISH U for kids

770 High Ridge Road Stamford, CT 06905
203-3 CHABAD

APPLICATION FOR REGISTRATION

School year 2009 / 2010

Name: _____ Date of Birth: _____ Boy ☐ Girl ☐

Hebrew Name:_____Hebrew Birthdate: _____

Mother's Name: _____ Hebrew Name: _____

Father's Name: _____ Hebrew Name: _____

Address: _____
(Street) (Town) (State) (Zip)

Home Phone: _____ Mom's Cell #: _____ Dad's Cell #: _____

Email that you would like us to use as primary email contact: _____
(Please print clearly)

School:_____Grade:_____

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Please register my child _____ in The Chabad Jewish U for kids for the school year of 2009 / 2010 starting on _____

For:

☐ **Jewish U**
Ages 5 - 13, Sundays 9:30 - 11:30 am
Annual tuition - $545

☐ **Bar / Bat Mitzvah Discovery Course**
Ages 12 - 13,
6 week course begins January 2010

☐ **Wednesdays @ Jewish U**

Ages 5-13

Tuition $250/ Semester or $400 entire year

5% discount if enrollment completed by August 1st. (Head checks accepted)
5% Sibling Discount

Parent's Signature: _____ Date: _____

ABOUT YOUR CHILD

(We ask the following questions so that we can be better prepared to meet your child's needs. Some questions may not pertain to your child's developmental stage.)

What is your child's nickname? _____ Do you want us to use it? Yes ☐ No ☐

Has your child ever been hospitalized or had a serious illness? Yes ☐ No ☐ If yes, please explain _____

_____

Does your child take any medications regularly? Yes ☐ No ☐ If yes please explain _____

_____

Does your child have any known allergies? Yes ☐ No ☐ If yes please explain _____

_____

Does your child have any food restrictions? Yes ☐ No ☐ If yes please explain _____

_____

Has your child had any previous Jewish education (preschool, Hebrew School, day camp, etc.)? _____

_____

Does your child have any physical or emotional conditions that the staff should be aware of? _____

_____

What else would be helpful for us to know about your child? _____

_____

Siblings: Name: _____ Date of Birth: _____
(for more names
use additional paper) Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Congregation of family's affiliation: _____
(if applicable; for statistical purposes)

EMERGENCY NUMBERS – INDIVIDUALS TO CALL IF PARENTS CANNOT BE REACHED

At least one of these* MUST *be local to be notified in case a child must leave school or if school closes due to weather.

Name: _____ Relationship _____

Address: _____

Home Ph.: _____ Cell Ph.: _____ Work Ph.: _____

Does the person speak English? _____ If not, what language does he/she speak? _____

Name of physician: _____ Phone #: _____ Pager: _____

Address: _____

EMERGENCY CARE AUTHORIZATION:

In the event that I cannot be reached to arrange emergency medical care, I authorize the staff of the **Jewish U** to take my child _____ to Dr. _____ or to _____ Hospital, or to other licensed physicians and/or hospitals. _____

Parent's Signature

FIELD TRIP PERMISSION:

My child has permission to participate in **Jewish U** field trips, including walks near school. (I understand that, as a rule, field trips with transportation have special permission slips.): _____

Parent's Signature

PICTURE PERMISSION:

I give permission for my child's picture to be used for display and public relations purposes. _____

Parent's Signature

★ ★ ★ ★ ★

Parent's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date received: _____ Request accepted ☐; not accepted ☐ Director's Signature _____