בס"ד

Chabad Romano Centre Hebrew School

10500 Bathurst St., Maple, ON L6A 0H2 * Tel: (905) 303-1880 * Fax (905) 303-1008 * E-mail: chabad@chabadrc.org

Student Application Form

Child's Information

Last Name: _____ Child's First Name: _____

Date of Birth: _____ Hebrew Name: _____

Address: _____

Postal Code: _____ Home Telephone: _____

Is there any special information we should know about your child? If yes, please elaborate. You may use another paper if necessary. _____

Has your child attended Hebrew School programs before? ___ If yes, which one? _____

Current School and Grade _____Was Referred By: _____

Would like my child to be with following friends: _____

Father's Information

Father's Name: _____ Father's Occupation: _____

Company Name: _____ Company Address: _____

Company Phone: _____ Cell Phone: _____

E-mail Address: _____

Mother's Information

Mother's Name: _____ Mother's Occupation: _____

Company Name: _____ Company Address: _____

Company Phone: _____ Cell Phone: _____

E-mail Address: _____

General Information

Have there been any conversions in the family ___ If yes please elaborate _____

Was the child born to a Jewish mother? Yes ___ No ___ (Jewish Law mandates that we ask this question)

Are you a member of a Synagogue? Yes ___ No ___ Which one? _____

Names and ages of other siblings _____

Medical Information

Pediatrician Name: _____ Phone Number: _____

Address: _____

Allergies or Medical Conditions: _____

In case of emergency, contact: (other than parent)

1. _____ Address: _____

Relationship to child: _____ Phone: _____

2. _____ Address: _____

Relationship to child: _____ Phone: _____

Payment Information

I will be paying: ☐ Full Tuition ☐ Partial Tuition in the amount of $_____, the rest will be paid by:

Additional Payee Info:

Name: _____ Relationship to child: _____

Address: _____

Tel: _____ Cell: _____ Amount Paying: $_____

Permission to receive emergency care

I hereby grant permission to Lubavitch of Richmond Hill Hebrew school to take whatever steps are necessary to obtain emergency medical care if warranted. These steps may include but are not limited to the following:

1. Attempt to contact parent.
2. Attempt to contact child's physician.
3. Attempt to contact emergency contact person.

If we cannot contact the above, we will do all or any of the following:

1. Call another physician.
2. Call an ambulance.
3. Have the child taken to the nearest emergency room at a hospital by a staff member.

Any expenses incurred under the circumstances will be borne by the child's family.

Lubavitch of Richmond Hill Hebrew school will not be responsible for any incident that may occur as a result of false information given at the time of enrolment. I hereby allow Chabad Lubavitch to take my child off school grounds for all trips, outings, and walks.

Parent's signature: _____ Date:_____