



Chabad Hebrew School

Chabad of Olney • 17320 Georgia Avenue • Olney, MD 20832

Registration Application 2017-2018

Student Information

Last Name: _____ First Name: _____

Hebrew Name: _____ Gender: ___ Grade Entering in Sept: _____

Date of Birth: ___/___/_____ Time of Day ___:___ AM / PM

Current School: _____

Family Information

All family information is the same as first child.

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Father's Name: _____ Hebrew Name: _____

Work Phone: _____ Cell Phone: _____

Father's Occupation: _____

Mother's Name: _____ Hebrew Name: _____

Work Phone: _____ Cell Phone: _____

Mother's Occupation: _____

Mother's Email: _____ Father's Email: _____

Which email would you like used for updates and newsletters? Mother /Father/Both

Marital Status: ___ Married ___ Single ___ Divorced

Grandparents Information

We would love to send updates about your child to

their grandparents throughout the year

Paternal Grandparents Full Name _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____



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Maternal Grandparents Full Name _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Religious and Educational

Previous Jewish Education: _____ Does your child read basic Hebrew? Y/N

Does your child have any learning difficulties with General Studies? Y/N

If yes, please describe: _____

Does your child have an IEP? Y/N *If yes, please submit a copy with the registration form.

Is the natural mother of the child Jewish? Y/N Is the natural father of the child Jewish? Y/N

Is the maternal grandmother of the child Jewish? Y/N

Are there any conversions and/or adoptions in the family? Y/N

If yes, please explain: _____

Medical Information

Is there any special medical or other information that we should be aware of? Y/N

If yes, please describe: _____

Does your child have any allergies? Y/N

Is your child currently taking any medication? Y/N

Emergency Contact 1: _____ Relation: _____

Phone #: _____

Emergency Contact 2: _____ Relation: _____

Phone #: _____

Medical Release

I hereby give consent to the administration of the Chabad Hebrew School to take whatever medical measures they deem necessary, at my expense, for my child in the event of a medical emergency.



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Parent's Signature _____ *Date:* _____

Permission Slips

I hereby give permission to my child, _____, to participate in all school outings and field trips beyond school properties and to use any transportation selected by the Chabad Hebrew School.

Parent's Signature _____ *Date:* _____

I grant permission for my child, _____, to be photographed in individual or group pictures which may be used by Chabad Hebrew School for P.R.

Parent's Signature _____ *Date:* _____

How did you hear about Chabad Hebrew School of the Arts? _____