

## HEBREW SCHOOL / CHAI HIGH REGISTRATION - 2009/ 10

USE SEPARATE FORM FOR EACH CHILD

NAME OF CHILD: \_\_\_\_\_ GRADE: \_\_\_\_\_

BIRTHDATE \_\_\_/\_\_\_/\_\_\_ HEBREW NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ WORK ( ) \_\_\_\_\_ CELL( ) \_\_\_\_\_

E MAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

ANY MEDICAL CONDITION REGARDING YOUR CHILD WE SHOULD BE AWARE OF: \_\_\_\_\_

PREVIOUS HEBREW SCHOOL: \_\_\_\_\_

NAME OF DAY SCHOOL: \_\_\_\_\_ AGE: \_\_\_\_\_

ANY CONVERSIONS OR ADOPTIONS IN THE FAMILY? \_\_\_\_\_ IF YES PLEASE PROVIDE DETAILS:

MOTHER'S NAME: \_\_\_\_\_ HEBREW NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ HEBREW NAME: \_\_\_\_\_

FATHER'S OCCUPATION: \_\_\_\_\_ MOTHER'S OCCUPATION: \_\_\_\_\_

I (WE) HEREBY ENROLL OUR CHILD IN THE CHAI CENTER HEBREW SCHOOL.  
 IN THE EVENT OF A MEDICAL EMERGENCY AND NEITHER PARENT CAN BE REACHED, MEDICAL  
 TREATMENT MAY BE PROVIDED AS NECESSARY. MY (OUR) CHILD MAY BE PHOTOGRAPHED AND  
 THE PICTURES MAY BE USED FOR PUBLICATION BY THE CHAI CENTER.

\_\_\_\_\_  
 SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
 DATE

**IMPORTANT! PAYMENT PLAN: (check or credit card accepted)**

- PLAN A:** I am paying the entire amount at this time.
- PLAN B:** I will pay \$100 registration fee and five post dated payments.  
 (Date checks for Sept 1, Oct 1, Nov 1, Dec 1 & Jan 1)

CREDIT CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_ (please circle) Visa/MC/Amex

Please indicate:  **CHAI CENTER MEMBER**

**CHAI CENTER NON-MEMBER**

REGISTRATION REQUIREMENTS: (office use only)				
<input type="checkbox"/> <i>PLAN A</i> - Full payment of \$	<input type="checkbox"/> <i>PLAN B</i> - Five payments of \$			
<input type="checkbox"/> Membership Payments	<input type="checkbox"/> Membership Form	<input type="checkbox"/> <i>Registration Fee \$100</i> Check No:		
<input type="checkbox"/> <i>Sept</i>	<input type="checkbox"/> <i>Oct</i>	<input type="checkbox"/> <i>Nov</i>	<input type="checkbox"/> <i>Dec</i>	<input type="checkbox"/> <i>Jan</i>