

HEBREW SCHOOL / CHAI HIGH REGISTRATION - 2009/ 10

USE SEPARATE FORM FOR EACH CHILD

NAME OF CHILD: _____ GRADE: _____

BIRTHDATE ____/____/____ HEBREW NAME: _____

HOME ADDRESS: _____

City _____ State _____ Zip _____

TELEPHONE: () _____ WORK () _____ CELL() _____

E MAIL ADDRESS: _____

EMERGENCY CONTACT _____ PHONE _____

ANY MEDICAL CONDITION/ALLERGIES 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/CHAI HIGH. 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 or Credit Card for billing on those dates)

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"/> PLAN A - Full payment of \$	<input type="checkbox"/> PLAN B - Five payments of \$			
<input type="checkbox"/> Membership Payments	<input type="checkbox"/> Membership Form	<input type="checkbox"/> Registration Fee \$100 Check No: _____ OR Credit Card:		
<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>