COMMUNITY HEBREW SCHOOL

2005-2006 REGISTRATION FORM

To register, please fill out the registration form below one form per child. Please include a $100 deposit per child Which will be applied towards tuition. Upon completion please mail this form with deposit to:

Chabad Community Hebrew School
28041 S. Hawthorne Blvd, Suite 202-203
Rancho Palos Verdes, CA 90275
(310) 554-5544 FAX (309) 401-8022 E-mail: chabadpv@verizon.com

Student Information

Please fill out one form per child

Last Name

First Name

Hebrew Name

Address

City ZIP

Age DOB

Previous Hebrew School / years attended

Grade Entering

School Attending

Parent Information

	Mother	Father
Last name		
First name		
Hebrew name		
Home phone		
Work phone		
Cell phone		
Fax phone		
E-mail		
Address if different from child		

Emergency Contact (Other then parent)

Name

Relationship

Phone Cell phone

Other Information

	Mother	Father
Are you Jewish by birth?		
Have any of your parents converted to Judaism? if yes indicate which parent		
Have you done a conversion?		
Date of conversion		
Name of synagogue where conversion was done		

Payment Options

❑ I am enclosing a check for the full amount

❑ I am enclosing three checks to be deposited on the first of Oct, Dec & Mar

Total amount enclosed: $

The full balance is due
September 1, 2005

No child will be turned away due to lack of financial means. If you are in need of a payment plan or a partial scholarship kindly put your phone number below

Phone number(s) where you can be reached:
Home ( ) Other ( )

Parent Signature **Date**

This form can be downloaded at - www.chabadpv.com