

# HEBREW SCHOOL of the ARTS

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*Registration for School Year 2018-19*

4010 Park Street. N, S. Petersburg, FL 33709 (727)344-4900

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E-mail: [Chaya@ChabadSP.com](mailto:Chaya@ChabadSP.com)

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**EARLY BIRD  
SPECIAL:  
REGISTER BY JUNE  
15TH AND SAVE \$50!**

**REFER A FRIEND FOR  
ADDITIONAL  
\$50 SAVINGS!**

# HEBREW SCHOOL

## of the ARTS

### Registration Application

PLEASE PRINT CLEARLY.

#### General Information:

Child's Last Name _____	Child's First Name (Legal) _____	Child's Hebrew Name _____
Child's Preferred Name _____	Birth Date: English _____	Birth Date: Hebrew _____
Child's E-mail Address _____		Home Phone Number _____
Home Address _____		Parent's E-mail Address _____

#### Religious and Educational History:

Does your child read basic Hebrew?       None       Somewhat       Well

Does your child have any difficulty with his general studies? \_\_\_\_\_

Are there any adoptions in your family (children, parents or grandparents)? \_\_\_\_\_

Have you or your spouse, parents, grandparents or children ever converted to Judaism? \_\_\_\_\_

#### Contact Information:

##### **Father:**

Last Name _____	First Name _____	Hebrew Name _____
Work Telephone _____	Other Telephone _____	Occupation _____
Name of Work _____	Address of Work _____	

##### **Mother:**

Last Name _____	First Name _____	Hebrew Name _____
Work Telephone _____	Other Telephone _____	Occupation _____
Name of Work _____	Address of Work _____	

##### **Emergency Contact Person:** *(other than parent/guardian)*

Last Name _____	First Name _____	Relationship to Child _____
Daytime Telephone _____	Address _____	

**Authorized Persons To Pick Up Your Child:** (other than parents/guardians)

\_\_\_\_\_  
Last Name                      First Name                      Daytime Telephone Number

**Method of Payment:**

\_\_\_\_\_ #1: Early Bird Special (by June 15, 2018) \$475 includes tuition, registration & book fee.

\_\_\_\_\_ # 2: Payment in Full (after June 15, 2018) \$525 includes tuition, registration & book fee.

\_\_\_\_\_ # 3: Three-Payment Option (\$175 three times a year)

I, \_\_\_\_\_, do hereby state that I will pay \_\_\_\_\_'s  
(Name of Payee) (Name of Student)  
Hebrew School tuition of \$525.00 to Chabad Jewish Center Greater S. Petersburg in three equal payments of \$175.00.

The first payment will be paid with registration, and each payment following will be paid on or by December 2018 and March 2019.

Credit Card Number \_\_\_\_\_ Type \_\_\_\_\_ Exp: \_\_\_\_\_

\_\_\_\_\_  
Signature of Payee                      Date

**Medical Information:**

\_\_\_\_\_  
Child's Physician                      Physician's Telephone

\_\_\_\_\_  
Physician's Office Address

\_\_\_\_\_  
Insurance Company Covering the Child                      Policy Number                      Expiration Date

***Please list below any psychological or medical conditions, medications currently being taken, dietary requirements, allergies (include allergies to medications), etc. pertaining to your child.***

I hereby give permission, in the event of an emergency, for the Director, the Acting Director, or the Teacher at Chabad Jewish Center of Greater S .Petersburg to take whatever steps maybe necessary for the medical care of my child, \_\_\_\_\_. I understand that in order for Chabad Jewish Center of Greater S .Petersburg to assume responsibility for my child, I, or the person(s) whom I have designated to drop off and pick up my child, must sign my child in at the time of arrival and out at the time of departure. I understand that unless there is a need for immediate action, the order of the steps taken will follow, but will not be limited to, the outline below:

1. The parent/Guardian will be called.  
**Note:** *If the parent/guardian is unavailable, the emergency contact person designated by the parent/guardian will be called.*
2. Child's physician will be called.
3. If these efforts are unsuccessful the following steps will be taken (order may vary depending on the situation):  
    Another physician will be called.  
    The child will be taken to the nearest emergency room accompanied by a staff member.  
    An ambulance will be called to take the child to the nearest emergency room accompanied by a staff member.

In the event of an emergency, if I cannot be reached, I give consent for a Chabad staff member to transport my child to the nearest emergency facility, or to have my child transported by ambulance.

I give consent to any emergency facility and physician to administer any necessary medical treatment to my child as the situation may warrant it.

\_\_\_\_\_  
Parent/Guardian's Signature                      Printed Name of Parent/Guardian                      Date

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## **Volunteer Opportunities**

Please take a moment to see if there is something YOU can do to make a difference in the lives of your children!

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please place a check beside the event that you feel you can help with:

\_\_\_\_\_ Family High Holiday Fair

\_\_\_\_\_ Chanukah Fair

\_\_\_\_\_ Purim Family Bonanza

\_\_\_\_\_ Passover Experience

\_\_\_\_\_ Aleph Champ Mentoring

\_\_\_\_\_ Hebrew School Gift Store

Please tear out this page and return this completed form to the office.

Thank you in advance for your continued support!