

HEBREW SCHOOL

of the **ARTS**

Registration for School Year 2024-25

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

Web: www.ChabadSP.com or
E-mail: Mushkie@Chabadsp.com

**EARLY BIRD
SPECIAL:
REGISTER BY JULY
20TH AND SAVE
\$100!**

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

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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 July 20, 2024) \$500 includes tuition, registration & book fee.

_____ # 2: Payment in Full (after July 20, 2024) \$600 includes tuition, registration & book fee.

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 Family party

_____ 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!