



Enrollment Form for Chabad of Calabasas Hebrew School '08-'09-5769

Child Information

Child's name _____ Hebrew name _____ DOB _____

School Attending _____ Grade _____

My child's knowledge of basic Judaism is poor fair good

My child does not read Hebrew recognizes the Aleph-bet reads Hebrew slowly reads Hebrew well

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Family Information

My child(ren) is a Kohen Levi Yisrael Not sure

Are the biological father and mother of the child Jewish? Yes No

If no, please explain _____

Have there been any conversion or adoptions in the family? Yes No

If yes, please explain _____

Parent Information

Parent's name(s) _____

Address _____ City _____ Zip _____

Home phone _____ Mother's Cell: _____ Father's Cell _____

Email _____

Emergency Contact _____ Relationship _____

Home Phone _____ Cell Phone _____

Does your child have any allergies (food, medication, etc.) that we should be aware of? If yes, please explain: _____

Hours: Sundays, Hebrew School: 10am—12pm ·

Annual Tuition: \$599.00 per child (includes registration & book fee)

In the event of an emergency, Chabad of Calabasas has my permission to arrange for any necessary first-aid or care by a licensed physician/first-aid worker. Chabad of Calabasas has my permission to use my child's photo in its publicity materials. I have completed the Enrollment Form and have enclosed my registration fee and payment.

Parent's Signature _____

Date _____



Mail or fax this form to:

Chabad of Calabasas 3871 Old Topanga Canyon Road, Calabasas, CA 91302 • Fax 818.698.0411