



# Chabad Hebrew School

Chabad of Olney • 17320 Georgia Avenue • Olney, MD 20832

## Returning Student Registration Application 2024-25

### Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Grade Entering in Sept: \_\_\_\_\_ Current School: \_\_\_\_\_

### Family Information

*All family information is the same as first child.*

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Which email would you like used for updates and newsletters? Mother /Father/Both

Marital Status: \_\_\_ Married \_\_\_ Single \_\_\_ Divorced

### Grandparents Information

*We would love to send updates about your child to*

*their grandparents throughout the year*

Paternal Grandparents Full Name \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_



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Maternal Grandparents Full Name \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

## Religious and Educational

Previous Jewish Education: \_\_\_\_\_ Does your child read basic Hebrew? Y/N

Does your child have any learning difficulties with General Studies? Y/N

If yes, please describe: \_\_\_\_\_

Does your child have an IEP? Y/N \*If yes, please submit a copy with the registration form.

## Medical Information

Is there any special medical or other information that we should be aware of? Y/N

If yes, please describe: \_\_\_\_\_

Does your child have any allergies? Y/N

Is your child currently taking any medication? Y/N

Emergency Contact 1: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone #: \_\_\_\_\_

## Medical Release

I hereby give consent to the administration of the Chabad Hebrew School to take whatever medical measures they deem necessary, at my expense, for my child in the event of a medical emergency.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Permission Slips

I hereby give permission to my child, \_\_\_\_\_, to participate in all school



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outings and field trips beyond school properties and to use any transportation selected by the Chabad Hebrew School.

*Parent's Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_

I grant permission for my child, \_\_\_\_\_, to be photographed in individual or group pictures which may be used by Chabad Hebrew School for P.R.

*Parent's Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_

**How did you hear about Chabad Hebrew School of the Arts?** \_\_\_\_\_