



A project of Chabad of the Beaches

REGISTRATION FORM

Child's First Name	Last Name	Date of Birth
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Hebrew Name	Nickname	Jewish Birthday
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Address	City, State	Zip
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Phone	Fax	E-mail
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Mother (or Guardian name)	Hebrew Name	Occupation
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Bus. Phone	Cell Phone	E-mail
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Father (or Guardian name)	Hebrew Name	Occupation
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Bus. Phone	Cell Phone	E-mail
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Name/s of siblings	School siblings attend	Birth date: M/D/Y
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STUDENT INFORMATION

What school does your child attend? _____

Grade, School Year 2019-2020 : _____

Is the natural mother of the child Jewish?? Yes No

Were there any conversions or adoptions in the family? Yes No

If yes, who was the Rabbi? _____

Additional Comments:



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EMERGENCY FILE

Child's Name _____
First Last Date of Birth

Father's Name _____
First Last Cell Phone

Mother's Name _____
First Last Cell Phone

Doctor's Name _____
First Last Phone

Doctor's Address _____
Street/Apt. City Zip

Allergies _____
If any, please list

Medical Conditions _____
If any, please explain

Other _____

PLEASE LIST TWO EMERGENCY CONTACTS:

Name Phone Relationship

Name Phone Relationship

PERMISSION FOR EMERGENCY MEDICAL TREATMENT:

As the parent(s) or legal guardian of _____, I/we authorize any adult acting on behalf of Chabad of the Beaches to hospitalize or secure treatment for my child. I further agree to pay all charges for that care and/or treatment. It is understood that if time and circumstances reasonably permit, Chabad of the Beaches personnel will try, but are not required, to communicate with me prior to such treatment.

I hereby give permission for my child _____ to attend all field trips and outings sponsored by Chabad of the Beaches.

 Signature of Parent or Legal Guardian

 Date



PAYMENT FORM

Today's Date: _____

Payment Options:

- a- Full amount of \$675 in one transaction check or credit card.
- b- Two transactions of \$337.50 each dated Aug. and Jan.
- c- 10 monthly postdated checks (August -May) of \$67.50

Ready Set, Aleph Bet (Introductory Program: Pre-K, K) FREE of Charge.

Nobody will be turned away due to lack of funds. However your child's spot cannot be secured until we organize an appropriate payment plan BEFOREHAND.

Checks should be written out: CHABAD OF THE BEACHES and mailed to 60 West Beech St. Long Beach, NY 11561

Credit Card Payment:

Name on Card _____

Billing Address _____ Billing Zip _____

Credit Card # _____ Credit Card Type _____

Exp Date _____ Amount to charge _____ CVV _____

Additional Comments: _____
