

**Chabad Jewish Community Center  
CHABAD HEBREW SCHOOL – 2016-2017 (5777)  
Enrollment Form**

Return application together with your registration fee to:  
Chabad JCC of Folsom – 302 South Lexington Drive Suite B - Folsom, CA 95630

<b>Child #1</b>	
Last Name: _____	First Name: _____
Hebrew Name: _____	Date of Birth ____/____/____ Entering Grade: (Fall 2016) _____
My Child's knowledge of basic Judaism is: (Check One) <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor.	
My Child: (Check One) <input type="checkbox"/> Does Not Read Hebrew <input type="checkbox"/> Recognizes letters of the Alef-Bet	
<input type="checkbox"/> Can read Hebrew slowly <input type="checkbox"/> Can read Hebrew very well.	
<b>Child #2</b>	
Last Name: _____	First Name: _____
Hebrew Name: _____	Date of Birth ____/____/____ Entering Grade: (Fall 2016) _____
My Child's knowledge of basic Judaism is: (Check One) <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor.	
My Child: (Check One) <input type="checkbox"/> Does Not Read Hebrew <input type="checkbox"/> Recognizes letters of the Alef-Bet	
<input type="checkbox"/> Can read Hebrew slowly <input type="checkbox"/> Can read Hebrew very well.	

<b>FAMILY INFORMATION</b>	
Are the child's natural parents Jewish by birth? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____	
Have there been any conversions or adoptions in your family? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain: _____	
Home Address: _____	City: _____ Zip: _____
Subdivision: _____	Home Phone: _____
<b>FATHER</b>	<b>MOTHER</b>
First Name: _____	_____
Business Phone: _____	_____
Cell Phone: _____	_____
Email: _____	_____
<b>Returning Student/s Only:</b> <input type="checkbox"/> My child's Medical Forms are current <input type="checkbox"/> My child's Medical Forms need to be updated	

<b>PAYMENT INFORMATION:</b> <i>Please make all checks payable to: Chabad JCC of Folsom.</i>		
<b>Child 1:</b> Registration & book fee: <input type="checkbox"/> \$50	Tuition: <input type="checkbox"/> \$600	Total enclosed: _____
<b>Child 2:</b> Registration & book fee: <input type="checkbox"/> \$50	Tuition: <input type="checkbox"/> \$600	Total enclosed: _____

In the event of an emergency G-d forbid, The Chabad Hebrew School has my permission to arrange for any necessary first-aid or care by a licensed physician for my child while he/she is attending school.	
I have completed the enrollment form and I have enclosed my registration fee and appropriate payment for my child(ren) to attend the Chabad Hebrew School. I agree to pay any balance prior to the start of the school year.	
Parent's Signature: _____	Date: ____/____/____

**Office Use Only**  
GM QB Acc Handbook