

B"H

Napa Valley Chabad Hebrew School

Enrollment Form

Child's First Name

Last Name

Hebrew Name

Nickname

Date of Birth

Address

City, State

Zip

Home Phone

Home Fax

Email

Which school does your child attend? _____

Grade, School Year 2009/10: _____

Does your child read basic Hebrew?

Yes No

If Yes: Well Fair Poor

Does your child speak Hebrew?

Yes No

If Yes: Well Fair Poor

Does your child have any difficulties with his general studies? If yes, please specify

Mother (or Guardian Name)

Jewish Name

Occupation

Bus Phone

Email

Is mother Jewish?

Yes No

If Yes: By Birth By Conversion

Is father Jewish?

Yes No

If Yes: By Birth By Conversion

Father (or Guardian Name)

Jewish Name

Occupation

Bus Phone

Email

Any questions or inquiries can be directed to our office: (707) 320-2348 or info@JewishNapaValley.com

- Enrollment and acceptance in the Chabad Hebrew School is in no way a validation of ones status as a Jew -

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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/Suite 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(s) of _____, I/we authorize any adult acting on behalf of the Chabad of the Napa Valley Hebrew School to hospitalize or secure treatment for my child. I further agree to pay for all charges for that care and/or treatment. It is understood that, if time and circumstances reasonably permit, Chabad Hebrew School will try to communicate with me prior to such treatment.

I/we hereby give permission for my child _____ to attend all field trips and outings sponsored by Chabad of the Napa Valley Hebrew School.

Signature of Parent or Legal Guardian Date