



2010-2011 REGISTRATION FORM

To register, please fill out the registration form below, one form per child. Please include a \$100 deposit per child Which will be applied towards tuition. Upon completion please mail or fax this form with deposit to the Hebrew School Office:

28041 S. Hawthorne Blvd, Suite 202-203 • Rancho Palos Verdes, CA 90275 • (310) 554-5544 FAX (310) 544-7138 E-mail: chabadpv@aol.com

Student Information
Please fill out one form per child

Last Name _____

First Name _____

Hebrew Name _____

Address _____

City _____ ZIP _____

Age _____ DOB _____

Previous Hebrew School / years attended _____

Grade Entering _____

School Attending _____

Parent Information

	Mother	Father
Last name	_____	_____
First name	_____	_____
Hebrew name	_____	_____
Home phone	_____	_____
Work phone	_____	_____
Cell phone	_____	_____
Fax phone	_____	_____
E-mail	_____	_____
Address if different from child	_____	_____

Emergency Contact (Other than parent)

Name _____

Relationship _____

Phone _____ Cell phone _____

Other Information

	Mother	Father
Are you Jewish by birth?	_____	_____
Have any of your parents converted to Judaism? if yes indicate which parent	_____	_____
Have you done a conversion?	_____	_____
Date of conversion	_____	_____
Name of synagogue where conversion was done	_____	_____

Payment Options

I am enclosing a check for the full amount

I am enclosing three checks to be deposited on the first of Oct, Dec & Mar

Total amount enclosed: \$ _____

I would like to pay by credit card

Amount: \$ _____ Exp: __ / __

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Enter credit number above

The full balance is due October 31, 2010

No child will be turned away due to lack of financial means. If you are in need of a payment plan or a partial scholarship kindly put your phone number below

Phone number(s) where you can be reached:

Home () _____ Other () _____

Parent Signature _____ **Date** _____