

## Chabad Hebrew School Application Form

### Student Information

Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Entering grade \_\_\_\_\_

Does your child read basic Hebrew?  Yes  No If Yes:  Good  Fair  Poor

What school does your child attend?

\_\_\_\_\_

### General Information

Is the natural mother of the child Jewish?  Yes  No

Were there any conversions or adoptions in your family?  Yes  No If Yes please explain:

\_\_\_\_\_

Conversion performed by Rabbi/Beth Din:

\_\_\_\_\_

\_\_\_\_\_

Is the family a member of a Synagogue?  No  Yes Which one: \_\_\_\_\_

Names and ages of other siblings: \_\_\_\_\_

### Parent Information

Parent 1 Name: \_\_\_\_\_

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

Work Phone Number: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

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

Work Phone Number: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

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

City, Province, Postal Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Emergency Information

Emergency Contact: \_\_\_\_\_

(other than parent)

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

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

Mobile Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Doctor: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Allergies or Special Needs:

\_\_\_\_\_

If we, our emergency contact(s), or our physician (as noted on this form) cannot be reached in case of medical/surgical emergency, we hereby give permission to the physician or hospital selected by the school or its selected representative, to hospitalize, secure proper treatment for our child as named above. We understand that any cost will be our responsibility.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

### Payment Information

- I have enclosed a cheque **payable to Ottawa Torah Centre** in the amount of \$750.00 for tuition for my child.
- Please charge my credit card in the amount of \$750.00:  Visa  Master card

Credit card #: \_\_\_\_\_ Exp.: \_\_\_\_\_

- I have enclosed a deposit of \$\_\_\_\_\_ for tuition for my child, and will call Dina Blum to discuss further payment.

Please mail completed form to: Ottawa Torah Centre  
111 Lamplighters Drive  
Ottawa, ON K2J 0C2