

Acton-Concord Chabad Hebrew School

148 Great Road (2A) ● Acton, MA 01720 ● (978) 929-2513 ● Shternie Polter, Director
www.ActonConcordChabad.org

Registration Form

Child Information

Child #1 Name – First: _____ Last: _____ Hebrew: _____

DOB ____/____/____ School Attending _____ Entering Grade _____

My child's knowledge of basic Judaism is: good fair poor

My child: reads Hebrew fluently slowly recognizes letters does not read at all

Child #2 Name – First: _____ Last: _____ Hebrew: _____

DOB ____/____/____ School Attending _____ Entering Grade _____

My child's knowledge of basic Judaism is: good fair poor

My child: reads Hebrew fluently slowly recognizes letters does not read at all

Family Information

My child(ren are) is a: Kohen Levite Israelite Don't know

Is the natural mother of the child(ren) Jewish by birth? (i.e. is the child's maternal grandmother Jewish by birth?) Yes No

If no, please explain _____

Have there been any conversions or adoptions in your family? Yes No

If yes, please explain _____

Parent Information

Name of Father _____ Hebrew Name _____

Name of Mother _____ Hebrew Name _____

Address _____ City _____ Zip _____

Home phone _____ - _____ - _____ Work phone _____ - _____ - _____

Cell phone _____ - _____ - _____ E-mail address _____

Name and Relationship of Emergency Contact _____

Phone Number _____ - _____ - _____ Cell Phone _____ - _____ - _____

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(ren) while he/she is attending school. Certainly, every attempt will be made to contact us immediately.

Signature of parents or legal guardian _____ Date _____

I have completed the registration form and I have enclosed my registration fee and appropriate payment for my child(ren) to attend the Chabad Hebrew School.

Signature of parents or legal guardian _____