

# Acton-Concord Chabad *Tots Program*

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

Child #2 Name – First: \_\_\_\_\_ Last: \_\_\_\_\_ Hebrew: \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ School Attending \_\_\_\_\_ Entering Grade \_\_\_\_\_

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

### Family Information

My child(ren are) is at: 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 \_\_\_\_\_