



Registration Form: Chabad of Bel Air’s Sunday Hebrew School September 2021— May 2022

Date: _____

Name of Child(ren) _____

Birth Date: _____ Sex: M F

Address: _____
_____ Home Phone _____

Parent Name: _____ Occupation _____

Business Address: _____

Cell Phone _____ E-Mail _____

Parent Name: _____ Occupation _____

Business Address: _____

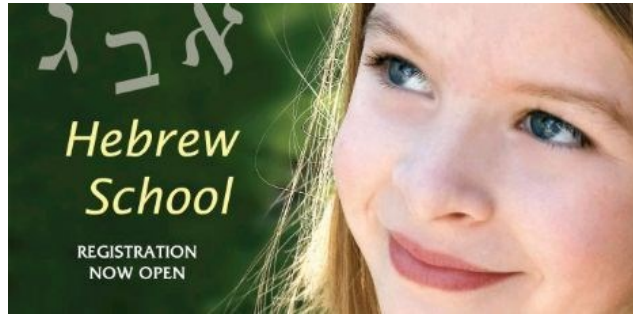
Cell Phone _____ E-Mail _____

Siblings:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

What expectations do you have for your child in our school?



Please share an aspect of your child(ren) that you consider unique or special:

What languages does your family speak at home? _____

Please note any health problems or allergies your child(ren) has:

Has your child been Immunized? Yes / No

How did you hear about our school? _____

I
Parent's signature _____

Date _____

Comments:



Credit Card Payment

Name

Address

City

ZIP

Credit Card

exp

I give permission for the Chabad of Bel Air to charge my card each month \$100 per child

Signature

Date