

## Chabad Naples Hebrew School Application

### Student Information

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

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

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

What school does your child attend?  
\_\_\_\_\_

Is the natural mother of the child Jewish?  Yes  No

Were there any conversions or adoptions in your family?  Yes  No If Yes, please describe:  
\_\_\_\_\_

Additional comments:  
\_\_\_\_\_  
\_\_\_\_\_

### Parent Information

Father's Name: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

## Emergency Information

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

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

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

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

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

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

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

Allergies or other medical conditions:  
\_\_\_\_\_

## TERMS & CONDITIONS

**PARENTAL CONSENT:** I hereby give consent for my child to participate in all activities of Chabad Naples Hebrew School both on and off site, trips, transportation to and from trips etc., unless I advise you otherwise **in writing**.

**PAYMENT AND CANCELLATION:** Tuition is \$1,075.00 per student for the school year. The tuition of \$1,075.00 must be paid in full when registering your child.

Important: Our accepted definition of "Jewish" means: Mother born of a Jewish mother or can show certification of a Kosher orthodox conversion.

We will not turn anyone away from a Jewish education, however in order to celebrate Bar/Bat Mitzvah the above requirements are necessary.

**MEDICAL CARE:** In case of emergency, I hereby give permission to the physician selected by the school director, to hospitalize, to secure proper treatment for and to order injection, anesthesia, or other procedure deemed necessary for my child by an M.D. as named on this form or if unavailable another M.D.. Every effort will be made to contact the parent / guardian and emergency contacts first. Should it be necessary for the well being of the student to utilize outside medical or dental services all expenses involved will be paid for by the parent. To the best of my knowledge, my child is in good health and I will notify the school if he/she is exposed to any infectious diseases.

**IMAGES, ETC.:** Permission is hereby given to use a photograph, image, video or other likeness of my child in promoting the school and in other ventures directly relating to the school (i) digital, photographic and video images or likenesses of student; audio of student; and (ii) statements, articles, names, music, art, photographs, audio recordings, films and videos created by students or originating from school or from a school-related activity.

**INDEMNIFY & HOLD HARMLESS:** I further release and agree to indemnify and hold harmless Chabad Jewish Community Center of Naples, its agents and or assignees, its officers and or servants from any liability concerning my child's involvement in Hebrew school and further agree that the use of any premises during the school day is made at my own risk.

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

\_\_\_\_\_  
Date

**Tuition is \$1,075.00 per student.**

**Register by June 18, 2024 for a 5% "Early Bird" discount**

**Please mail this completed and signed form along with full payment to:**

**Chabad Jewish Community Center  
1789 Mandarin Road  
Naples FL 34102**