



Chabad of Brentwood  
Hebrew School

# Chabad of Brentwood Hebrew School

## *Where Judaism Comes Alive!*

B”H

Phone: 310. 826. 4453

Email: [hebrewschool@chabadbw.com](mailto:hebrewschool@chabadbw.com)

Web: [www.JewishBrentwood.com](http://www.JewishBrentwood.com)

## Enrollment Form

### Student Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_ Email (child’s) \_\_\_\_\_

Which school does your child attend? \_\_\_\_\_ Current Grade: \_\_\_\_\_

Synagogue Affiliation: \_\_\_\_\_

Previous Hebrew Education: \_\_\_\_\_

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

Does your child speak Hebrew?  Yes  No If Yes:  Well  Fair  Poor

Does your child have any difficulties with his general studies? If yes, please specify \_\_\_\_\_

Were there any conversions and/or adoptions in the family? If yes, please explain. \_\_\_\_\_

### Parent Information:

**Mother** (or Guardian Name) \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Address \_\_\_\_\_ Email \_\_\_\_\_

**Father** (or Guardian Name) \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Address \_\_\_\_\_ Email \_\_\_\_\_

All information is confidential. Any inquiries can be directed to: 310 826 4453 or [hebrewschool@chabadbw.com](mailto:hebrewschool@chabadbw.com)



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## Medical Form

**Child’s Name:**

\_\_\_\_\_  
First Last Date of Birth

**Father’s Name:**

\_\_\_\_\_  
First Last Cell Phone

**Mother’s Name:**

\_\_\_\_\_  
First Last Cell Phone

**Doctor’s Name:**

\_\_\_\_\_  
First Last Phone

**Doctor’s Address:**

\_\_\_\_\_  
Street/Suite City Zip

**Medical Coverage:**

\_\_\_\_\_  
Insurance Company Policy Number

**Allergies:**

\_\_\_\_\_  
If any, please list

**Medical Conditions:**

\_\_\_\_\_  
If any, please explain

**Vaccinations:**

Up to date with vaccinations?  Yes  No Date of last tetanus shot: \_\_\_\_\_

**Please List Two Emergency Contacts:**

\_\_\_\_\_  
Name Phone Relationship

\_\_\_\_\_  
Name Phone Relationship

**Permission for Emergency Medical Treatment:**

As the parent(s) or legal guardian(s) of \_\_\_\_\_, I/we authorize any adult acting on behalf of the Chabad of Brentwood Hebrew School to hospitalize or secure treatment for my child. I further agree to pay for all charges for that care and/or treatment. It is understood that, if time and circumstances reasonably permit, Chabad of Brentwood Hebrew School will try to communicate with me prior to such treatment.

I/we hereby give permission for my child \_\_\_\_\_ to attend all field trips and outings sponsored by Chabad of Brentwood Hebrew School.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

All information is confidential.



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## Tuition Payment

\$800 Tuition

\$50 Book fee

**Please mail completed form and payment to:**

**Chabad of Brentwood Hebrew School  
P.O. Box 492479  
Los Angeles, CA 90049**

**Form of Payment:** **1.Cash** \_\_\_\_\_ amount received \_\_\_\_\_ Date received \_\_\_\_\_

**2.Check** \_\_\_\_\_ amount received \_\_\_\_\_ Date received \_\_\_\_\_ 1 full payment \_\_\_\_\_ 2 head checks \_\_\_\_\_

**3. Credit Card:** Please authorize below if you would like to pay by credit card:

Name on card \_\_\_\_\_ Card# \_\_\_\_\_

Exp. \_\_\_\_\_ Amount authorized \$ \_\_\_\_\_ Signature \_\_\_\_\_