

**Registration 2012-2013**

**Please Print Clearly**

**Part I: Participant Information**

Last Name \_\_\_\_\_ e-mail (child's) \_\_\_\_\_  
 First Name: English \_\_\_\_\_ Hebrew \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Birth date \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade (Entering) \_\_\_\_\_

**Part II: Parents' Information**

Father's Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_  
 Work Address \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_  
 Work Address \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_  
 e-mail (parent) \_\_\_\_\_ Synagogue Affiliation \_\_\_\_\_  
 Father mobile: \_\_\_\_\_ Mother mobile: \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Contact Information**

Person to be contacted in case of an emergency when parents cannot be reached:

Name \_\_\_\_\_ Telephone # ( ) - \_\_\_\_\_  
 Relationship to child \_\_\_\_\_ City/Town \_\_\_\_\_  
 Family Physician \_\_\_\_\_ Telephone # ( ) - \_\_\_\_\_  
 Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

**Participation & Medical Release Form**

I Hereby permit my child \_\_\_\_\_ to participate in all Bar + Bat Mitzvah Club activities, and to join in class and school trips on and beyond school properties and use any transportation selected by the Chabad Hebrew School.

I hereby give consent to the administration of the Chabad Jewish Center to take whatever medical measures they deem necessary, at my expense, for my child in the event of a medical emergency.

Signature of parent \_\_\_\_\_

Date \_\_\_\_\_