

2904 Old Glenview Rd.
Wilmette, IL 60091
847.251.7707
www.chaicenter.com



WILMETTE COMMUNITY HEBREW SCHOOL

Registration Form 2010-11

Please write clearly

Name of Child _____ Hebrew Name _____

Address _____ City _____ Zip _____

Phone _____ Age _____ Birthday ____/____/____

Father's Name _____ Is father Jewish? Yes No

Hebrew Name _____ Father is (check one) Cohen Levi Israel

Work Phone: _____ Mobile Phone: _____

Mother's Name _____ Hebrew Name: _____

Work Phone: _____ Mobile Phone: _____

Is mother Jewish? Yes No Please indicate if child is adopted _____

Has anyone in the family converted? _____ If so, whom? _____

Parents' current email addresses: _____

Does your child have any medical condition? _____

Child's Public School _____ Current Grade _____

Last Hebrew School Attended _____ Grade Completed _____

Congregation Membership _____

Names and Ages of Other Children _____

In Case of Emergency, Call _____ Phone _____

Does either parent have any special resources or skills to offer our children or teachers?

Details: _____

The following are authorized to take my child to and from school:

Name: _____ Phone: _____

Name: _____ Phone: _____

*In registering my child for the WCHS, I recognize that the fees are \$600.00 for a school year, which includes a non-refundable deposit of \$150, and I agree to pay them in full. **Optional:** Supplementary Hebrew Language Skills \$150*

Please make checks payable to: **Wilmette Community Hebrew School**

Signature of Parent or Guardian

Date

TUITION MUST BE PAID IN FULL AND ACCOMPANY REGISTRATION

Permission Slip 2010/11

To: Wilmette Community Hebrew School

During the course of our child's instruction we recognize that field trips and activities other than classroom instruction will be provided by your staff and agents of the School. We understand that these additional activities are deemed necessary by the School to provide our child with a full Jewish education and experience.

By virtue of execution of this permission slip, we/ I _____, legal parent/guardian of _____ authorize you and your agents to involve our child in these various trips and activities, direct you to rely upon the registration forms previously tendered for emergency contact persons for the benefit of our child, authorize the administration of any medicines deemed necessary by emergency health professionals in the event of non-availability of parent/guardian, acknowledge that all known allergies or other conditions impacting the health and well being of our child are listed below, and further release the School and its agents from liability arising during the course of these various field trips and activities.

If parents cannot be reached and emergency medical advice is needed, permission is given to the Hebrew School staff to phone my child's doctor:

Doctor _____ Phone _____

Address _____ Town _____

Doctor's hospital affiliation _____

In case of medical emergency requiring immediate emergency care, I authorize the paramedics to take care of my child to the nearest hospital, if necessary.

Allergies & Other Known Conditions:

(Signature) Parent/Legal Guardian

Address

Date