## ENROLLMENT FORM FOR CHABAD OF NEW MEXICO HEBREW SCHOOL

Child Information			
FIRST child's name	Hebrew name	DOB	School Attending
Grade			
My child's knowledge of basic Jud	laism is: poor fair good		
My child does not read Hebrew red	cognizes the Aleph-bet re	ads Hebrew slov	wly reads Hebrew well
SECOND child's name	Hebrew name	DOB_	School Attending
Grade			
My child's knowledge of basic Jud	laism is poor fair good		
My child does not read Hebrew red	cognizes the Aleph-bet re	ads Hebrew slov	wly reads Hebrew well
THIRD child's name	Hebrew name	DOB	School Attending
Grade			
My child's knowledge of basic Jud			
My child does not read Hebrew red	cognizes the Aleph-bet re	ads Hebrew slov	wly reads Hebrew well
Family Information			
Are the <b>biological</b> father and moth			
If no, please explain: Have there been any conversions of			
Have there been any conversions of	or adoptions in the family	? Yes No	
If yes, please explain:			
Parent Information			
Parents' name(s)			
Address			
CityZip	Home phone		
Mother's Cell: Fa	ther's Cell		
Email			
	10		
<b>Emergency Contact</b> (other than y			
Home Phone			
Does your child(ren) have any alle	-	etc.) that we sho	uld be aware of?
If yes, please explain: Yes No If ye	es, please explain:		
Hours: Sundays: 10am-12pm (Pl	ease consult your annual	calendar regular	rlv for off-days) Annual
Tuition: \$200.00 per child (include	•	0	
In the event of an emergency, Chal		my permission	to arrange for any
necessary first-aid or care by a lice			
permission to use my child(ren)'s			
Form and have enclosed my regist	1 2		r
Parent's Signature	F,	Date	

Please return this form to: