

# ALEF ACADEMY HEBREW SCHOOL REGISTRATION 2020-2021

## Child 1

### Child Name \*

First Name      Last Name

### Hebrew Name \*

### Birth Date \*



Month    Day    Year

### Time Born \*

Hour    Minutes

### School Entering \*

### Grade Entering \*

### Age \*

## Child 2

## Name

First Name

Last Name

## Hebrew Name

## Time Born

Hour

Minutes

## Birth Date



Month

Day

Year

## Age

## School Entering

## Grade Entering

## Child 3

### Name

First Name

Last Name

## Hebrew Name

## Time Born

Hour Minutes

## Birth Date



Month Day Year

## Age

## School Entering

## Grade Entering

## Address

## Address \*

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

## Parent 1 Information

### Name \*

First Name

Last Name

### Hebrew Name \*

### Phone Number \*

### Work Number \*

**E-mail \***

example@example.com

## Parent 2 Information

**Name \***

First Name

Last Name

**Hebrew Name \***

**Phone Number \***

**Work Number \***

**E-mail \***

example@example.com

## Emergency Contact 1

**Name \***

First Name

Last Name

**Relationship \***

**Cell Phone Number \***

**Home Number \***

**Address \***

**Emergency Contact 2**

**Name \***

First Name

Last Name

**Relationship \***

**Cell Phone Number \***

**Home Number \***

**Address \***

**I hereby permit my child to participate in all activities, join in class and school trips on and beyond school properties. In case of an emergency, I hereby authorize the school to have my child taken care of by a physician in any way that the situation may call for.**

**Signature of Parent/Guardian: \***

## Payment

### Tags

Todo

In Progress

Done