

# Chabad of Coral Springs Registration Form – Youth Programs

3925 N. University Drive Coral Springs, FL 33065 954-344-4855 www.CoralSpringsChabad.org

Last Name \_\_\_\_\_ Mom's First Name \_\_\_\_\_ Dad's First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Mom Email: \_\_\_\_\_ Dad Email: \_\_\_\_\_

Home Tel # \_\_\_\_\_ Mom Cell # \_\_\_\_\_ Dad Cell # \_\_\_\_\_

Marital Status: Married  Divorced  Separated  Widowed

How did you hear about us: Email  Web Search  Mail  Friend  Newspaper  Radio

I hereby grant permission to the school to transport my child for school functions or in case of an emergency.

## Youth's Information

English Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Age \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ M/F \_\_\_\_\_ Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Youth Cell # \_\_\_\_\_ Youth Email: \_\_\_\_\_

Emergency Doctor Name & address \_\_\_\_\_

Emergency Doctor Tel # \_\_\_\_\_

Family Emergency Contact Name & Tel # \_\_\_\_\_

Learning or Medical Problems (if applicable) \_\_\_\_\_

### Circle one from each Question

1) Kohen / Levi / Yisroel 2) Is Biological Mother Jewish? Yes / No 3) Adoptions or Conversions? Yes / No

**Check program(s) you are registering for:** (Sibling discounts available)

<b>Sunday Hebrew School:</b> 9:45AM-12:30PM - \$700.00	<b>Bat Mitzvah Club:</b> - \$280.00
<b>Bar &amp; Bat Lessons:</b> Individually Priced-Plus Membership - \$800.00	<b>Teen Jew Crew:</b> - \$360.00

Payment can be paid in full or can be paid in 10 monthly payments by check or credit card beginning Sept. 1<sup>st</sup> with the final payment on June 1<sup>st</sup>.

<b>Circle One:</b> VISA / MC / AMEX / DIS <b>Exp. Date:</b> ____ / ____ <b>Credit Card Number:</b> _____ <b>Name as it appears on card:</b> _____ <b>Total Charge Amt:</b> \$ _____ <b>Paid in</b> ____ <b>monthly payments</b>	<b>Total:</b> \$ _____  Rabbi or Mrs. Friedman _____ Reuven Rockford Administrator _____
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**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_