

ENROLLMENT FORM FOR CHABAD OF LAS CRUCES ALEPH ART ROOM

Child Information

FIRST child's name _____ Hebrew name _____ DOB _____ School Attending _____ Grade _____
My child's knowledge of basic Judaism is: poor fair good
My child does not read Hebrew recognizes the Aleph-bet reads Hebrew slowly reads Hebrew well

SECOND child's name _____ Hebrew name _____ DOB _____ School Attending _____ Grade _____
My child's knowledge of basic Judaism is poor fair good
My child does not read Hebrew recognizes the Aleph-bet reads Hebrew slowly reads Hebrew well

THIRD child's name _____ Hebrew name _____ DOB _____ School Attending _____ Grade _____
My child's knowledge of basic Judaism is poor fair good
My child does not read Hebrew recognizes the Aleph-bet reads Hebrew slowly reads Hebrew well

Family Information

Are the **biological** father and mother of the child(ren) Jewish? Yes No

If no, please explain: _____

Have there been any conversions or adoptions in the family? Yes No

If yes, please explain: _____

Parent Information

Parents' name(s) _____

Address _____

City _____ Zip _____ Home phone _____

Mother's Cell: _____ Father's Cell _____

Email _____

Emergency Contact (other than yourself) _____ Relationship _____

Home Phone _____ Cell Phone _____

Does your child(ren) have any allergies (food, medication, etc.) that we should be aware of?

If yes, please explain: Yes No If yes, please explain:

Hours: Sundays: 10-30am—12pm (Please consult your annual calendar regularly for off-days)

Annual Tuition: \$225.00 per child (includes registration)

In the event of an emergency, Chabad of Las Cruces has my permission to arrange for any necessary first-aid or care by a licensed physician/first-aid worker. Chabad of Las Cruces has my permission to use my child(ren)'s photo in its publicity materials. I have completed the Enrollment Form and have enclosed my registration fee and payment.

Parent's Signature _____ Date _____

Mail this form to: Chabad of Las Cruces 2907 E. Idaho Ave, Las Cruces, NM 88011