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Chabad of Northwest Indiana
Kids Club-Hebrew School Registration
Please complete a separate form for each child registering

Student Information

Name: _____

Hebrew Name: _____

Birth date: _____/_____/_____

Is the **maternal grandmother** of the child naturally Jewish (born to a Jewish mother)? ❑ Yes ❑ No

Were there any conversions or adoptions in your family? ❑ Yes ❑ No If Yes please describe:

_____

_____

Additional comments:

_____

_____

_____

Parent Information

Father's Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail Address: _____

Occupation: _____

Mother's Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail Address: _____

Occupation: _____

Address: _____

City, State, Zip _____

Emergency Information

Emergency Contact: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Doctor: _____

Address: _____

Phone Number: _____

Allergies or other Medical Condition: _____

_____

As the parent(s) or legal guardian of _____, I/we authorize any adult acting on behalf of Chabad-Lubavitch of Northwest Indiana (Chabad) to hospitalize or secure treatment for my child. I further agree to pay all charges for that care and/or treatment. It is understood that if time and circumstances reasonably permit, Chabad personnel will try, but are not required, to communicate with me prior to such treatment.

I hereby give permission for my child to attend all field trips and outings sponsored by Chabad.

_____ _____

Signature of parent or legal guardian Date

Please mail completed form to: Chabad of Northwest Indiana
1113 Ridge Road
Munster, IN 46321

Or scan and email to info@chabadnwind.com