



Pudong Hebrew School

We Take Pride In Jewish Pride!



ב"ה

Registration Application 2009-2010

Please register before July 1 and send to fax No.: 5879.3689

Please Print Clearly

Part I: Student Information

Child 1

Last Name _____
First Name: English _____ Hebrew _____
Address _____ City _____ Zip _____ Phone _____
Birth date _____ Age _____ School _____ Grade (Entering) _____

Child 2

Last Name _____
First Name: English _____ Hebrew _____
Address _____ City _____ Zip _____ Phone _____
Birth date _____ Age _____ School _____ Grade (Entering) _____

Child 3

Last Name _____
First Name: English _____ Hebrew _____
Address _____ City _____ Zip _____ Phone _____
Birth date _____ Age _____ School _____ Grade (Entering) _____

Part II: Parents' Information

Father's Name _____
Work Address _____ Phone _____
Mother's Name _____
Work Address _____ Phone _____

e-mail (parent) _____

Synagogue Affiliation

Are the natural parents of the child (ren) Jewish?

Yes No

Were there any conversions or adoptions in your family?

Yes No

if yes please explain:



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Part III: Religious & Educational History

Child 1

Previous Hebrew Education _____

Does your child read basic Hebrew? **None** **Somewhat** **Well**

Does your child have any learning difficulties with general studies? Yes ___ No ___

If yes please explain:

Child 2

Previous Hebrew Education _____

Does your child read basic Hebrew? **None** **Somewhat** **Well**

Does your child have any learning difficulties with general studies? Yes ___ No ___

If yes please explain:

Child 3

Previous Hebrew Education _____

Does your child read basic Hebrew? **None** **Somewhat** **Well**

Does your child have any learning difficulties with general studies? Yes ___ No ___

If yes please explain:

Part IV: Medical Information (confidential)

Are there any special medical or other information, which we should be aware of? (Confidential) _____

Part V: Emergency Contact Information

Person to be contacted in case of an emergency when parents cannot be reached:

Name _____	Telephone # () - _____
Relationship to child _____	City/Town _____
Family Physician _____	Telephone # () - _____
Medical Insurance Co. _____	Policy # _____



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Part VI: Medical Release Form

As the parent(s) or legal guardian of _____, I/we authorize any adult acting on behalf of Pudong Hebrew School 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, Pudong Hebrew School 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 with Pudong Hebrew School.

Signature of parent _____

Date _____

Part VII: payment

Please check box with your choice for method of payment:

- Please charge my credit card for the full amount of 3500 RMB + 150 RMB Book fee.
- Please charge my credit card 5 times 700 RMB of the overall tuition every month, September through January.
- I will pay the full payment of 3500 RMB + 150 RMB by cash before the beginning of the school year

Type of card VISA MASTERCARD AMAX

Name on Card _____

Card Number _____ / _____ / _____ / _____

Expiry Date ____ (mm) / ____ (yy)

Signature

Date