

**HAVURAH HEBREW SCHOOL 5779**  
**REGISTRATION FORM FOR 2018-2019 SCHOOL YEAR**

(Separate Form for each Student)

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ email: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ email: \_\_\_\_\_

May we include your contact information in our Hebrew School Directory? \_\_\_\_\_

**Tell us more about your child:**

Birthday (m/d/yr): \_\_\_\_\_ School Grade in Sept. 2018: \_\_\_\_\_

**Hebrew School Experience:**

Name(s) and birthday(s) of siblings: \_\_\_\_\_

\_\_\_\_\_

Please share any special interests, hobbies or talents of your student: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please share any special concerns (allergies, behavioral issues etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your child has been diagnosed with special needs at school or if you have concerns that your child might need special educational arrangements, please describe and be in touch with Sarit Katzew ([HHEdDirector@gmail.com](mailto:HHEdDirector@gmail.com)) prior to the start of Hebrew School.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(over)

## EMERGENCY RELEASE FORM

I give my permission for my child to receive emergency medical treatment from qualified medical personnel if necessary.

Name of physician: \_\_\_\_\_

Physician's phone number: \_\_\_\_\_

Any allergies to medication? \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## CLASS TRIP PERMISSION FORM

I give my permission for my child to leave Havurah House with school staff and volunteer parent supervision for special events, from time to time. I will receive prior notification of these "field trips."

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Reminders:

1. Families must be members of Havurah to enroll their children in the Hebrew School.
2. Tuition is \$630 for the first child, \$370 for each additional child.
3. Tuition must be paid, or payment schedule arranged before the start of Hebrew School. However, **cost should never be prohibitive at Havurah**. If you have any financial concerns please contact Havurah Treasurer, Matt Utterback at [matt@spinkscorners.com](mailto:matt@spinkscorners.com)
4. Please return your forms by August 1, 2018.
5. For questions concerning the school program, please e-mail Director of Education, Sarit Katzew at [HHEdDirector@gmail.com](mailto:HHEdDirector@gmail.com).

**Please send your registration forms  
And check payable to "Havurah" to:  
Havurah Treasurer, P.O. Box 823, Middlebury, VT 05753  
by August 1, 2018**