



A Project of East Brunswick Chabad
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Chai Central Registration Form

Child Information

1st Child: Last Name _____ First Name _____ Hebrew Name _____
Date of Birth _____ Approx. time of birth* _____ Grade Entering _____
2nd Child: Last Name: _____ First Name _____ Hebrew Name _____
Date of Birth _____ Approx. time of birth _____ Grade entering _____
Address _____ City _____ Zip _____
Home Phone _____ Language used at home _____
Were there any conversions or adoptions in your family? Yes No If yes, please describe _____

*Necessary in order to determine Hebrew birthday

Parents Information

Father's Name _____ Hebrew Name _____
Occupation _____ Work Phone _____ Hours of work _____
Home Address _____ Phone _____
Mother's Name _____ Hebrew Name _____
Occupation _____ Work Phone _____ Hours of work _____
Home Address _____ Phone _____
Father's Email: _____ Mother's Email: _____
Father's Cell # _____ Mother's Cell # _____

Educational History

Does your child(ren) have previous Jewish education? Yes No Please indicate _____
Does your child(ren) have any learning difficulties this program should be made aware of (confidential)? Yes No
If yes, please describe _____

Family Background - Jewish Names

Mothers Side: Maternal Grandmother _____ Maternal Grandfather _____
Father's Side: Paternal Grandmother _____ Paternal Grandfather _____

Medical Information

Family Doctor _____ Phone _____
Health Insurance ID #/Group/Company _____ Date Effective _____
If child has any known health problems, indicate what they are: _____

Comments or instructions for care giver (tick appropriate ones):

Medication Allergies Vision or Hearing Problems
Food dislikes _____ Special Eating Habits _____
Special/therapeutic diet (for reasons of health, religion, ethnicity): _____

Special instructions from parent or health care professional: _____

Indicate any illness or medical disabilities your child has (give dates): _____

Alternate person to call/pick up child in case of emergency

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

Persons (other than parent) authorized to pick up child from facility

Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____

Other children living at home

Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Surname if not same as child enrolled

Tuition

The following is a tuition agreement for Chai Central After School Program. The agreement explains the tuition fees, payment plans and refund policies. Please read it through carefully.

The tuition for Chai Central is \$225 a month.

Tuition includes all books, materials, snacks, and prizes. Tuition may be paid by either check or credit card. Tuition is non-refundable.

You may choose from the following payment methods:

- PLAN A: You may pay the entire amount in full with a check, cash or credit card.
- PLAN B: You may pay the annual tuition on a monthly basis by submitting 10 head checks dated September through June, or providing a credit card that will be charged each month. All checks must be submitted before the first day of school.

CC# _____ Exp Date: _____ CVV2#: _____

As the parent(s) or legal guardian of the above child(ren), I/we authorize any adult acting on behalf of Chai Central to hospitalize or secure treatment for my child(ren), I further agree to pay all charges for that care and/or treatment. It is understood that if time and circumstances reasonably permit, Chai Central personnel will try, but are not required, to communicate with me prior to such treatment. I hereby give permission for my child(ren) to participate in all school activities, join in class and school trips on and beyond school properties and allow my child(ren) to be photographed while participating in Chai Central activities.

This is to certify that I/we have read, understand and agree to the obligations and rules set forth in this form and the parent handbook

→ Parent Signature _____ Date _____