



Registration

Student Info

Name: _____
Hebrew Name: _____ Birthday: _____
School (Sept 2017): _____
Grade (Sept 2017): _____
Cell Phone: _____
Email: _____
Address: _____

Parent Info

Father's Name: _____
Cell Phone: _____
Email: _____
Mother's Name: _____
Cell Phone: _____
Email: _____

Emergency Contact

Name: _____
Phone: _____
Relationship to teen: _____

Signature of Parent or legal Guardian:

Date: _____

Registration fee for the full year is \$100.00 (10% Sibling Discount)
when paid in full in advance or \$36 per course.

No High School Student will be turned away for lack of funds.

Email the registration form to: rabbi@chabadot.org
Payments should be made online at: www.chabadot.org/donate

Empowering Jewish High School students to build a more
meaningful and *value-driven* society

A project of CHABAD OF OLD TAPPAN
