

Chabad of Northwest Indiana**Kids Club Registration**

Please complete a separate form for each child registering

Student Information

Name: _____

Hebrew Name: _____

Birth date: ____/____/____

What school does your child attend and when is spring break at his/her school?

Is the natural mother of the child Jewish (born to a Jewish mother)? ☐ Yes ☐ NoWere 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