

# HEBREW ACADEMY OF TAMPA – 2023-2024 ENROLLMENT FORM

Please provide the following information about your <u>CHILD</u> .				
Child Name: Last, First, Middle:		Street Address:		
Date of Birth:	Hebrew Name:	City, State, Zip:	Interested in Extended Care <input type="checkbox"/> Early AM <input type="checkbox"/> After School <input type="checkbox"/> Both	
Home Phone:	Age on 8/21/23:	<input type="checkbox"/> School Year Program (10 Months)	<input type="checkbox"/> Year-Round Program (12 months)	<input type="checkbox"/> Summer Only
Describe any chronic conditions, special needs or allergies, if applicable, that may affect your child's general health, school, work, or athletics program participation (or write "N/A")				
Pediatrician Name:		Pediatrician Phone:		
<b>What are your child's most pronounced interests?</b>				
<b>Please provide the following information about your child's previous school &amp; education history:</b>				
Previous School Name:		School Street Address:		
School Phone:		School City, State, Zip:		
Hebrew Language Education & Level (Describe):				
<b>Please provide the following information about your family:</b>				
<b>For Father:</b>	Last Name, First, Middle:			
Home Address:		Work Address:		
Email:		Occupation:		
Home Phone:	Work Phone		Cell Phone:	
<b>For Mother:</b>	Last Name, First, Middle:			
Home Address:		Work Address:		
Email:		Occupation:		
Home Phone:	Work Phone		Cell Phone:	

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<b>Other Emergency Contact #1:</b>	Last Name, First, Middle:		
Cell Phone:	Relation to Child:		
Daytime Phone:	Other Phone:		
<b>Other Emergency Contact #2</b>	Last Name, First, Middle:		
Cell Phone:	Relation to Child:		
Daytime Phone:	Other Phone:		
<b>Other children living with the enrolling student:</b>			
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:

## Emergency Release & Permission Form:

If an emergency arises and none of the above emergency contacts can be reached in a timely manner, I hereby give the Hebrew Academy staff permission to take whatever measures it deems appropriate for the situation.

I hereby give permission for my child to participate in all school activities to include school field trips on and beyond school property, for my child to be recorded on photograph & video while participating in Hebrew Academy activities, and for such photographs & videos to be used in Hebrew Academy materials & resources of any type.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

At the Hebrew Academy, we have a sincere interest in meeting the needs of every child. Upon receiving your completed enrollment form, new applicants will be contacted to schedule an interview at your convenience.

**Your child will not be admitted to school without an HRS medical form. Please return your HRS medical form (Florida School Physical) along with this completed enrollment form to our below address, or fax to: (813) 265-8543.**

Thank you for your interest in Hebrew Academy of Tampa. We look forward to partnering with you for this next exciting step in your child's academic development!

Sincerely,

**Mrs. Sulha Dubrowski, Founder & Head of School**