



## Chabad Hebrew School Registration Form 2017-2018

Please Print Clearly

### Part I: *Student Information*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Hebrew Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
School: \_\_\_\_\_ Current Grade (2016-17): \_\_\_\_\_

### Part II: *Parents' Information*

Mother's Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Part III: *Religious & Educational History*

Previous Hebrew Education: \_\_\_\_\_

Does your child read basic Hebrew?  Yes  No  Somewhat

Does your child have any learning difficulties with general studies?  Yes  No

If Yes, please describe. \_\_\_\_\_

Were there any conversions and/or adoptions in the family?  Yes  No

If Yes, please explain. \_\_\_\_\_



**Chabad Hebrew School  
Medical Release Form 2017-2018**

**Emergency Contact Information for:** \_\_\_\_\_

If parents not available contact:

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ City: \_\_\_\_\_

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ City: \_\_\_\_\_

**Medical Information:**

Family Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Are there any special medical or other information, which we should be aware of?(Confidential)

**Medical Release Form**

I hereby permit my child(ren) \_\_\_\_\_  
to participate in all school activities, and to join in all class and school trips, on or beyond  
school properties, and on any transportation selected by the Chabad Hebrew School.

I hereby give consent to the administration of the Chabad Hebrew School to take whatever  
medical measures they deem necessary, at my expense, for my child in the event of a  
medical emergency.

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_



## Chabad Hebrew School Payment Form 2017-2018

Tuition for the 2017-18 School year is as follows:

**\$700 per child - \$650 for second child**

**If you refer a new family BOTH you and the new family will get a \$50 Tuition Discount.**

**Registration Fee: \$50.00 per family**

*\* No Membership Dues required.*

*\*There are no other registration, trip or snack fees.*

I am enrolling my child(ren) \_\_\_\_\_  
in the Chabad Hebrew School for the 2016-17 scholastic year.

My total yearly payments including registration fee will be: \_\_\_\_\_

Please check box with your choice for method of payment:

- Paying full tuition payment of \_\_\_\_\_ with registration.
- Paying \_\_\_\_\_ which is 20% of tuition as a deposit, and will make eight automatic payments of \_\_\_\_\_ on the first of each month, starting in September.
- Other method of payment as arranged. Please specify: \_\_\_\_\_

<b>Method of Payment:</b>		
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	Total Debits: _____
<input type="checkbox"/> Credit Card		Total Payments: _____
Card #: _____	Expiration: _____	Amount Due: _____
CVC: _____	Signature: _____	Office Use Only: <div style="background-color: #cccccc; width: 100px; height: 20px; display: inline-block;"></div>

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_