



Chabad Hebrew School Registration Form 2018-2019

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 2018-2019**

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 2018-2019

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: _____

Method of Payment:		
<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: _____