

# CHABAD HEBREW SCHOOL REGISTRATION APPLICATION

## Basic Information:

Last Name _____	First Name _____	
Hebrew Name _____		
Age _____	Date of Birth _____	Grade Entering _____
Address _____		
City _____	Zip Code _____	Home Phone _____

## Previous Education:

Hebrew School _____	
From _____	To: _____
Secular School _____	
From _____	To: _____

## Parent Information:

Father's Name _____	Hebrew Name _____
Business Address _____	
Business Phone _____	Occupation _____
Email _____	Cell Phone _____
Mother's Name _____	Hebrew Name _____
Business Address _____	
Business Phone _____	Occupation _____
Email _____	Cell Phone _____

Synagogue Affiliation \_\_\_\_\_

Does your child read basic Hebrew yet? No \_\_\_\_\_ Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good \_\_\_\_\_

Is there any special medical or other information regarding your child which our school should be aware of? \_\_\_\_\_  
\_\_\_\_\_

Were there any conversions or adoptions in your family? \_\_\_\_\_ If YES, please explain:  
\_\_\_\_\_

In case of emergency: (please list numbers to contact other than your home or business)

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

I hereby permit my child to participate in all school activities, join in class and school trips on and beyond school properties. In case of emergency, I hereby authorize the school to have my child taken care of by a physician in any way the situation may call for.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

## CHABAD HEBREW SCHOOL TUITION AGREEMENT

The following document is a tuition agreement for the Chabad Hebrew School. The agreement explains the tuition fees and payments plans. Please read it carefully and sign it below on the line marked signature. The signed tuition agreement along with first month tuition payment must be submitted to the school office before any child will be permitted to attend classes.

The tuition for the Chabad Hebrew School is \$750.00 per year which includes the registration, book, and supplies fee. There is a 10% discount off of the tuition for each additional child of the same family.

You may choose from the following payment methods. **Please circle one plan.**

PLAN A: I will pay the entire amount in full.

PLAN B: I will pay the annual tuition on a monthly basis by submitting 10 checks of \$75.00 each, dated September through June. All checks will be submitted by the first day of Hebrew School.

PLAN C: I authorize the use of my Visa or Master Card to pay the monthly tuition of 75.00 from September through June. I will provide my credit card number and expiration date below.

\* For refund policy see the General Information section in this manual.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Credit Card Information: (Visa and Master Card only)

Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_