



## Chabad Hebrew School Registration Form 2021-2022

Please Print Clearly

### Part I: *Student Information*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Hebrew Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
School: \_\_\_\_\_ Current Grade (2021-22): \_\_\_\_\_

### 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  
Registration Form 2021-2022  
Second Child**

Please Print Clearly

**Part I: Student Information**

Last Name:	_____	First Name:	_____
Hebrew Name:	_____	Birthday:	_____
Address:	_____	Phone:	_____
School:	_____	Current Grade (2021-22):	_____

**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 2021-2022**

**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 2021-2022

Tuition for the 2021-22 school year is as follows:

**\$700 per child**

**Security Fee: \$75 per child – \$150 family cap**

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

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

*\* 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 2021-22 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 #: _____		Amount Due: _____
Expiration: _____	CVC: _____	Office Use Only: <div style="background-color: #cccccc; width: 100px; height: 20px; display: inline-block;"></div>
Signature: _____		

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