



## Hebrew School Registration Form 5772-5773/2012-2013

### 1<sup>st</sup> Child & family info:

Family Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Hebrew Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade completed: \_\_\_\_\_ Date of Birth: (mm/dd/yy) \_\_\_\_\_

Hebrew Date of birth: \_\_\_\_\_ (if known-if not please specify time your child was born so we can look it up)

Previous Hebrew School: \_\_\_\_\_

Mother's English/Hebrew Name: \_\_\_\_\_

Father's English/Hebrew Name: \_\_\_\_\_

Home address: \_\_\_\_\_ Home #: \_\_\_\_\_

Mother's cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### Child # 2:

Child's name: \_\_\_\_\_ Child's Hebrew name : \_\_\_\_\_

Age: \_\_\_\_\_ Grade completed: \_\_\_\_\_ Date of Birth: (mm/dd/yy) \_\_\_\_\_

Hebrew Date of birth: \_\_\_\_\_ (if known-if not please specify time your child was born so we can look it up)

### Child # 3:

Child's name: \_\_\_\_\_ Child's Hebrew name : \_\_\_\_\_

Age: \_\_\_\_\_ Grade completed: \_\_\_\_\_ Date of Birth: (mm/dd/yy) \_\_\_\_\_

Hebrew Date of birth: \_\_\_\_\_ (if known-if not please specify time your child was born so we can look it up)

### General Information:

Is the natural mother of the child Jewish? \_\_\_\_\_

Has there been a conversion or adoption in the family? (children, parents, grandparents, etc...) If yes, please specify: \_\_\_\_\_

Synagogue with which family is affiliated: (if any) \_\_\_\_\_

Any medical condition regarding your child which we should be aware of: (allergies, asthma, etc.)? \_\_\_\_\_

Any special hobbies/talents that your child enjoys: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone #: \_\_\_\_\_

I hereby enroll my child in the Chabad Hebrew School for the year 2012-2013.

In the event of a medical emergency and neither parent can be reached, the Hebrew School staff may do what they deem necessary.

I hereby permit my child to participate in all school activities and join in class and school trips.

My child may be photographed and the pictures used for Chabad publications.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

LEARN IT! LIVE IT! LOVE IT!



## TUITION AGREEMENT

Tuition for Chabad Hebrew School is \$450 plus \$36 registration fee (books and supplies are included.) There is a 5% discount for each additional child.

Scholarships are available upon request. No child will be turned away due to lack of funds. For scholarship or other special financial arrangements please contact Hindy at 463-5801.

Payment is due on or before the first day of Hebrew School. Please choose from one of the following payment options:

- One credit card payment or one check payment in full.
- Divide my credit card into \_\_\_\_ (choose from 2-10) installments. Credit cards will be charged on the 15<sup>th</sup> of the month.
- Divide my check payments into \_\_\_\_ (choose from 2-10) installments. Postdated checks be dated either for the 1<sup>st</sup> or 15<sup>th</sup> of the month. These checks will **not** be deposited prior to that date.

**\*\*NOTE\*\***

**ALL TUITION CHECKS (EVEN IF POSTDATED) MUST BE GIVEN AT THE START OF THE SCHOOL YEAR!**

- Enclosed please find my check/checks.  
Please make all checks payable to **Chabad of Mid Hudson Valley**.
  - Please charge my credit card:  
Card Type: \_\_\_\_\_ Credit Card #: \_\_\_\_\_  
Exp Date: (MM/YY) \_\_\_\_/\_\_\_\_ Code: \_\_\_\_\_
- Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Educate your child, Educate a generation!**