CHABAD HEBREW SCHOOL

REGISTRATION PACKET 2017/18

CHABAD HEBREW SCHOOL

350 HAVERSTRAW RD. ~ MONTEBEBLLO, NEW YORK 10901 845-368-1889

B"H

Chabad Hebrew School

Enrollment Form

Student Information:

First Name _____ Last Name _____

Hebrew Name _____ Nickname _____ Date of Birth _____

Address _____ City, State _____ Zip _____

Home Phone _____ Home Fax _____ Email (child's) _____

Which school does your child attend? _____ Current Grade: _____

Synagogue Affiliation if any: _____

Previous Hebrew Education: _____

Does your child read basic Hebrew? ☐ Yes ☐ No If Yes: ☐ Well ☐ Fair ☐ Poor

Does your child speak Hebrew? ☐ Yes ☐ No If Yes: ☐ Well ☐ Fair ☐ Poor

Does your child have any difficulties with his general studies? If yes, please specify _____

_____

Were there any conversions and/or adoptions on the mothers side of the family? If yes, please explain. _____

_____

*Is the biological mother Jewish? _____ *Is the biological father Jewish? _____

Parent Information:

Mother (or Guardian Name) _____ Hebrew Name _____ Occupation _____

Work Phone _____ Work Address _____ Email _____

Father (or Guardian Name) _____ Hebrew Name _____ Occupation _____

Work Phone _____ Work Address _____ Email _____

***CHS welcomes every child, regardless of one's religious background or level of observance. CHS does not require membership or prior affiliations as a condition for enrollment. Acceptance to Hebrew School does not validate in any way you or your child's Judaism. The process of being Bar and Bat Mitz-vah through Chabad will require proof of mothers Judaism based on the guidelines of the Rabbinical court.**

All information is confidential. Any inquiries can be directed to: (845) 368-1889 or Info@JewishSuffern.com

B"H

Chabad Hebrew School

Medical Form

Child's Name: _____
First Last Date of Birth

Father's Name: _____
First Last Cell Phone

Mother's Name: _____
First Last Cell Phone

Doctor's Name: _____
First Last Phone

Doctor's Address: _____
Street/Suite City Zip

Medical Coverage: _____
Insurance Company Policy Number

Allergies: _____
If any, please list

Medical Conditions: _____
If any, please explain

Vaccinations: Up to date with vaccinations? ☐ Yes ☐ No Date of last tetanus shot: _____

Please List Two Emergency Contacts:

_____
Name Phone Relationship

_____
Name Phone Relationship

Permission for Emergency Medical Treatment:

As the parent(s) or legal guardian(s) of _____, I/we authorize any adult acting on behalf of the Chabad of Suffern Hebrew School to hospitalize or secure treatment for my child. I further agree to pay for all charges for that care and/or treatment. It is understood that, if time and circumstances reasonably permit, Chabad Hebrew School will try to communicate with me prior to such treatment.

I/we hereby give permission for my child _____ to attend all field trips and outings sponsored by Chabad of Suffern Hebrew School.

_____ _____
Signature of Parent or Legal Guardian Date

All information is confidential.

B"H

Chabad Hebrew School

Payment Form

Registrations Submitted after August 15th will be charged an additional $100.

First Taste (Kindergarten-1st grade)**:** $625 Yearly Tuition.

Tier II (2nd-5th grades): $985 Yearly Tuition.

Tier III(6th grade)**:** $835 Yearly Tuition.

Tier IV(7th grade): $625 Yearly Tuition.

We hire and make commitments to our staff based on registrations received, and therefore we cannot refund any deposits or tuition payments.

All payments should be paid in full prior to the 1st day of Hebrew School

Payment options:

Amount Enclosed: $_____

Please make checks payable to: Chabad Jewish Center

Credit Card information

Name as it appears on Card:

Card Name:

Card Number:

Expiration Date:

** Synagogue membership is NOT required. No child will be turned away for lack of funds.**

Please mail completed form and payment to:

Chabad Jewish Center

350 Haverstraw Road

Suffern, NY 10901