



Chabad Hebrew School 2017 - 2018 Registration Form

A program of
The Lori Schottenstein
Chabad Center

Family Name:

Mother's Name: _____
 Mother's Hebrew Name: _____
 Address: _____

 City: _____ Zip: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Email: _____

Father's Name: _____
 Father's Hebrew Name: _____
 Address: _____

 City: _____ Zip: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Email: _____

Emergency Contacts

Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____
 Children's Pediatrician: _____ Phone: _____
 Address: _____ City: _____
 Insurance Company: _____ Policy #: _____

Contact for Emergency Medical Treatment

I give permission for emergency medical treatment, to be used only if I cannot be reached immediately.

Parent Signature: _____ Date: _____

Child 1

Child's Name: _____ Hebrew Name: _____
 Date of Birth: _____ Time: _____ AM /PM Jewish Birthday: _____
 School: _____ Grade: _____
 For new Students Enrolling: Hebrew Reading: None Somewhat Well
 Previous Jewish Education: Yes No If yes, where? _____
 Does the child have any special dietary needs, health situations, or any specific learning challenges?
 (Specify): _____

Child 2

Child's Name: _____ Hebrew Name: _____
 Date of Birth: _____ Time: _____ AM /PM Jewish Birthday: _____
 School: _____ Grade: _____
 For new Students Enrolling: Hebrew Reading: None Somewhat Well
 Previous Jewish Education: Yes No If yes, where? _____
 Does the child have any special dietary needs, health situations, or any specific learning challenges?
 (Specify): _____

Child 3

Child's Name: _____ Hebrew Name: _____
 Date of Birth: _____ Time: _____ AM /PM Jewish Birthday: _____
 School: _____ Grade: _____
 For new Students Enrolling: Hebrew Reading: None Somewhat Well
 Previous Jewish Education: Yes No If yes, where? _____
 Does the child have any special dietary needs, health situations, or any specific learning challenges?
 (Specify): _____

Please list other children that are not enrolled in Chabad Hebrew School

Child's Name: _____ Child's Name: _____
 Hebrew Name: _____ Hebrew Name: _____
 Date of Birth: _____ Date of Birth: _____

Tuition

Child 1

First Taste (ages 3-5) \$250 _____
 Hebrew School (ages 6-13)
 Non Member \$950 _____
 Member* \$650 _____

Child 2 (5% discount for siblings)

First Taste (ages 3-5) \$230 _____
 Hebrew School (ages 6-13)
 Non Member \$902 _____
 Member* \$618 _____

Child 3 (5% discount for siblings)

First Taste (ages 3-5) \$210 _____
 Hebrew School (ages 6-13)
 Non Member \$902 _____
 Member* \$618 _____

TOTAL TUITION** _____

- *I have completed my membership form
- Please contact me about paying in monthly or quarterly installments.
- Scholarship assistance available upon request.

Online form also available at www.chabadhs.org.

Please mail to:



The Lori Schottenstein Chabad Center
6220 East Dublin-Granville Rd.
New Albany, OH 43054