



# Chabad Hebrew School 2019- 2020 Registration Form

A project 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

Enrolling in:

- Regular Hebrew School
- First Taste (ages 3-5)

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

Enrolling in:

- Regular Hebrew School
- First Taste (ages 3-5)

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

Enrolling in:

- Regular Hebrew School
- First Taste (ages 3-5)

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 \_\_\_\_\_
- Non Member Regular \$950 \_\_\_\_\_
- Member Regular\* \$650 \_\_\_\_\_

- I have completed my membership form\*
- Please contact me about paying in monthly or quarterly installments.

#### Child 2 (5% discount for siblings)

- First Taste (ages 3-5) \$230 \_\_\_\_\_
- Non Member Regular \$902 \_\_\_\_\_
- Member Regular\* \$618 \_\_\_\_\_

- Scholarship assistance available upon request. Please indicate by checking the box if you're requesting scholarship assistance, and we will contact you to work out the details.

#### Child 3 (5% discount for siblings)

- First Taste (ages 3-5) \$210 \_\_\_\_\_
- Non Member Regular \$902 \_\_\_\_\_
- Member Regular\* \$618 \_\_\_\_\_

Online form also available at [columbuschabad.com](http://columbuschabad.com).

Please mail to:  
 Chabad Hebrew School  
 6220 East Dublin-Granville Rd.  
 New Albany, OH 43054

**TOTAL TUITION\*\*** \_\_\_\_\_