

Chabad Hebrew School 2019- 2020 Registration Form

A project of The Lori Schottenstein Chabad Center

Family Name:			
Mother's Name:			
Mother's Hebrew Name:	Fa	ather's Hebrew Name: -	
Address:	A(ddress:	
City:	Zip: Ci	ty:	Zip:
Home Phone:	Но	ome Phone:	
Work Phone:	W	ork Phone:	
Cell Phone:	Ce	ell Phone:	
Email:	Er	mail:	
Name:	Emergency Co		Phone:
Name:	Relationship:		Phone:
Children's Pediatrician:			Phone:
Address:		City:	
Insurance Company:		Policy #:	
Contac	ct for Emergency I	Iedical Treatm	ent
I give permission for emerge	ency medical treatment, to b	pe used only if I cannot	be reached immediately.
Parent Signature:			Date:

Child 1	Child's Name:	Hebrew Name:		
Enrolling in:	Date of Birth: Time: A	M /PM Jewish Birthday:		
Regular	School: G	rade:		
Hebrew	For new Students Enrolling: Hebrew Reading: 🗌 N	None Somewhat Well		
School	Previous Jewish Educ	ation: Yes No If yes, where?		
First Taste (ages 3-5)	Does the child have any special dietary needs, hea	Ith situations, or any specific learning challenges?		
, ,	(Specify):			
Child 2	Child's Name:	Hebrew Name:		
Enrolling in:	Date of Birth: Time: A	M /PM Jewish Birthday:		
Regular	School: G	rade:		
Hebrew	For new Students Enrolling: Hebrew Reading:	None Somewhat Well		
School	Previous Jewish Educ	ation: Yes No If yes, where?		
First Taste (ages 3-5)	Does the child have any special dietary needs, health situations, or any specific learning challenges?			
	(Specify):			
Child 3	Child's Name:	Hebrew Name:		
Enrolling in:	Date of Birth: Time: A	M /PM Jewish Birthday:		
Regular	School: G	rade:		
Hebrew	For new Students Enrolling: Hebrew Reading: None Somewhat Well			
School First Taste	Previous Jewish Educ	ation: Yes No If yes, where?		
(ages 3-5)	Does the child have any special dietary needs, hea			
	(Specify):			
Please list other children	Child's Name:	Child's Name:		
that are not enrolled in	Hebrew Name:	Hebrew Name:		
Chabad	Date of Birth:	Date of Birth:		
		Date of Birth:		
Chabad	Date of Birth:	Date of Birth:		
Child 1	Tuition	Date of Birth:ave completed my membership form*		
Chabad Hebrew School	Tuition			
Child 1 First Taste (Non Member	Tuition [] h (ages 3-5)	ave completed my membership form* ease contact me about paying in monthly or quarterly		
Child 1 First Taste (Tuition [] h (ages 3-5)	ave completed my membership form*		
Child 1 First Taste (Non Member Reg	Tuition [] I h (ages 3-5) \$250 er Regular \$950 Planes egular* \$650 ins	ave completed my membership form* ease contact me about paying in monthly or quarterly stallments.		
Child 1 First Taste (Non Member Reg	Tuition (ages 3-5) \$250 er Regular \$950 Place agular* \$650 instance for siblings)	ave completed my membership form* ease contact me about paying in monthly or quarterly		
Child 1 First Taste (Non Member Reg	Tuition	ave completed my membership form* ease contact me about paying in monthly or quarterly stallments. cholarship assistance available upon request. Please dicate by checking the box if you're requesting holarship assistance, and we will contact you to work		
Child 1 First Taste (Non Member Reg Child 2 (5% dis	Tuition	ave completed my membership form* ease contact me about paying in monthly or quarterly stallments. tholarship assistance available upon request. Please dicate by checking the box if you're requesting		
Child 1 First Taste (Non Member Reg Child 2 (5% distance) First Taste (Non Member Reg Member Reg Member Reg	Tuition	ave completed my membership form* ease contact me about paying in monthly or quarterly stallments. cholarship assistance available upon request. Please dicate by checking the box if you're requesting holarship assistance, and we will contact you to work at the details.		
Child 1 First Taste (Non Member Reg Child 2 (5% distance) First Taste (Non Member Reg Member Reg Member Reg	Tuition (ages 3-5) \$250 er Regular \$950 Place gular* \$650 iscount for siblings) (ages 3-5) \$230 include er Regular \$902 scoonser Regular \$902 scoonser Regular \$618 Outlier (ascount for siblings) Online	ave completed my membership form* ease contact me about paying in monthly or quarterly stallments. cholarship assistance available upon request. Please dicate by checking the box if you're requesting holarship assistance, and we will contact you to work		
Child 1 First Taste (Non Member Reg Child 2 (5% dis First Taste (Non Member Reg Child 3 (5% dis Child 3 (5% dis	Tuition (ages 3-5) \$250 er Regular \$950 Place gular* \$650 instance (ages 3-5) \$230 instance er Regular \$902 scenare er Regular \$902 scenare er Regular \$618 Online (ages 3-5) \$210	ave completed my membership form* ease contact me about paying in monthly or quarterly stallments. cholarship assistance available upon request. Please dicate by checking the box if you're requesting holarship assistance, and we will contact you to work at the details.		
Child 1 First Taste (Non Member Reg Child 2 (5% dis First Taste (Non Member Reg Child 3 (5% dis First Taste (Tuition (ages 3-5) \$250 er Regular \$950 Place gular* \$650 iscount for siblings) (ages 3-5) \$230 sc er Regular \$902 sc egular* \$618 discount for siblings) (ages 3-5) \$210 er Regular \$902 Pleas gular* \$618 Chab	ave completed my membership form* ease contact me about paying in monthly or quarterly stallments. cholarship assistance available upon request. Please dicate by checking the box if you're requesting holarship assistance, and we will contact you to work at the details. e form also available at columbuschabad.com.		
Child 1 First Taste (Non Member Reg Child 2 (5% distributed in Member Reg Child 3 (5% distributed in Member Reg Child 3 (5% distributed in Member Reg Child 3 (5% distributed in Member Reg Non Member Reg Non Member Reg Non Member Reg Non Member Reg	Tuition	ave completed my membership form* ease contact me about paying in monthly or quarterly stallments. cholarship assistance available upon request. Please dicate by checking the box if you're requesting holarship assistance, and we will contact you to work at the details. e form also available at columbuschabad.com. e mail to: ad Hebrew School East Dublin-Granville Rd.		
Child 1 First Taste (Non Member Reg Child 2 (5% distributed in Member Reg Child 3 (5% distributed in Member Reg Child 3 (5% distributed in Member Reg Child 3 (5% distributed in Member Reg Non Member Reg Child 3 (5% distributed in Member Reg Non Member Reg Non Member	Tuition	ave completed my membership form* ease contact me about paying in monthly or quarterly stallments. cholarship assistance available upon request. Please dicate by checking the box if you're requesting holarship assistance, and we will contact you to work at the details. e form also available at columbuschabad.com.		