



Chabad Hebrew School

ב"ה

Under the auspices of Chabad of the Lehigh Valley

We Take Pride In Jewish Pride!

Tuition and Fees:

Grades 1-7: \$500.00

The above tuition does not include the non-refundable registration fee and book fee.

Registration: (<i>due with registration form</i>)	\$50.00	
Book Fee:	\$75.00	

Payment Options:

Option 1: Prepayment in full before September 7

Option 2: Pay in monthly installments of \$62.00 a month

Note: If there are reasons, you cannot commit to one of the above options, please contact our office to arrange a personal payment plan. Please note that the above options are for tuition only.



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Registration Application 2015-2016

Please Print Clearly

Part I: Student Information

Last Name _____ e-mail (child's) _____
First Name: _____
English _____ Hebrew _____
Address _____ City _____ Zip _____ Phone _____
Birth date _____ Age _____ School _____ Grade (Entering) _____

Part II: Parents' Information

Father's Name _____ Hebrew Name _____
Work Address _____ Phone _____ Occupation _____
Mother's Name _____ Hebrew Name _____
Work Address _____ Phone _____ Occupation _____
e-mail (parent) _____ Synagogue Affiliation _____

Part III: Religious & Educational History

Previous Hebrew Education _____ ☐ ☐
Does your child read basic Hebrew? _____ None _____ Somewhat _____ Well _____



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Does your child have any learning difficulties with general studies?

Yes

No

If Yes, please describe.

Were there any conversions &/or adoptions in the family?

If Yes, please explain.

Part IV: Medical Information (confidential)

Up to date with vaccinations?

Yes

No

Date of last tetanus shot

Are there any special medical or other information, which we should be aware of?

(Confidential)

Part V: Referrals

How did you hear about Chabad Hebrew School?

Signature

Date



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Registration Application 2016-2017 (continued)

I Hereby permit my child _____ to participate in all school activities, and to join in class and school trips on and beyond school properties and use any transportation selected by the Chabad Hebrew School.

Signature of parent _____

Date: _____

Emergency Contact Information

Person to be contacted in case of an emergency when parents cannot be reached:

Name _____ Telephone # () - _____

Relationship to child _____ City/Town _____

Family Physician _____ Telephone # () - _____

Medical Insurance Co. _____ Policy # _____



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Medical Release Form

I hereby give consent to the administration of the Chabad Hebrew School to take whatever medical measures they deem necessary, at my expense, for my child in the event of a medical emergency.

Signature of parent _____

Date _____



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Registration Application 20016-2017 (continued)

I have enclosed \$_____ for registration and book fees.

I have enclosed \$_____ towards tuition.

Please check box with your choice for method of payment:

- ☐ Prepayment in full before September 7th
- ☐ Pay in monthly installments of \$60.00 a month
- ☐ Other method of payment as arranged with the office. Please specify:

Signature

Date



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CHABAD

More than anyone else, Chabad is known for its ability

- to transmit traditional ideals in a modern world
- to relate to every Jewish child and adult and make them feel welcome and important
- to bring people together to share Judaism in a fun and exciting way - regardless of background or religious affiliation and observance

Chabad is where Judaism comes alive, and with its warmth, enthusiasm, and sense of purpose -- it is the place where your child can and will grow to be proud of his or her Judaism and flourish as a productive member of contemporary society.

All of this, and we make it fun, too!

