

B"H

Chabad Lubavitch of Upper Montgomery County - Hebrew School
New Student Registration
School Year 2019 - 20

Please fill out one form for each child.

Family name _____

Address _____
Street/Apt.# City State Zip Code

Home Phone # ____ - ____ - _____

Student Information

Full Name _____ Hebrew Name _____

gender ____ birthdate (MM/DD/YY) ____/____/____

grade entering 8/19 ____ School attending _____

Previous Hebrew School Education

Name of School _____

Dates attended (MM/YY) ____/____ - (MM/YY) ____/____

How proficient is your child in Hebrew Reading?

Doesn't Read Poor Fair Good

Does your child have any learning difficulties with general studies?

No Yes If yes, please specify.

Is there any special medical or other information regarding your child which our school should be aware of?

No Yes If yes, please specify.

Were there any conversions or adoptions in your family?

No Yes If yes, please specify.

Is the natural mother of the child Jewish? Yes No

Synagogue with which the family is affiliated: _____

Non-Registered Children:

Name: _____ Age: _____

Name: _____ Age: _____

Parent Information

Father's name _____

Address, *if different from child* _____
Street/Apt.# City State Zip Code

Name of Employer _____

Employer's Address _____

Home Phone # ____-____-____ Work Phone # ____-____-____ Cell Phone # ____-____-____

Father's email _____

Mother's name _____ Mother's Maiden Name _____

Address, *if different from child* _____
Street/Apt.# City State Zip Code

Name of Employer _____

Employer's Address _____

Home Phone # ____-____-____ Work Phone # ____-____-____ Cell Phone # ____-____-____

Mother's email _____

Name of family doctor _____ Phone # ____-____-____

Address of doctor _____

When parents cannot be reached, list at least two LOCAL persons who may be contacted to pick up the child in an emergency:

1. Name _____ Relationship to child _____ Cell Phone # ____-____-____

2. Name _____ Relationship to child _____ Cell Phone # ____-____-____

I hereby permit my child to participate in all school activities and to participate in class and school trips on and beyond school properties. In case of an emergency, I hereby authorize the school to have my child given care by a physician in the manner in which the situation necessitates.

(Electronic) Signature of Parent _____ date (MM/DD/YY) ____/____/____

Please fill out the payment schedule on the next page or pay online at www.OurShul.org/donate.

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**Chabad Lubavitch of Upper Montgomery County - Hebrew School
Fees & Payment Schedule
School Year 2019 – 20**

50% discount for new families

Tuition: K-2nd Grade: \$650/\$325 for new families
3rd Grade and older: \$800/\$400 for new families

Registration/Book Fee: \$40/child

note: We give you a 10% tuition discount for younger siblings.

Family name: _____

Father’s name _____ Mother’s name _____

Address _____
Street/Apt.# City State Zip Code

Child 1 _____ grade _____ cost (book fee + tuition): \$ _____

Child 2 _____ grade _____ cost (book fee + tuition): \$ _____

Child 3 _____ grade _____ cost (book fee + tuition): \$ _____

Total cost: \$ _____

Please indicate which payment plan you would like:

one payment

two payments (Oct. & Feb.)

8 monthly payments (Oct. - May)

form of payment:

I will pay by check

I will pay by credit card.

For installment payments, we will charge your credit card on or about the 19th of the month.

credit card info (We take Visa, MasterCard, AmEx, & Discover):

card number _____ - _____ - _____ - _____ exp (MM/YY) _____/_____ cvv code _____