

B"H

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

Please re-register my child in the Chabad Hebrew School for the school year 2019-20.

Please fill out the following information:

Family name _____

Name of Child #1 _____ Birthdate (MM/DD/YY) ____/____/____ Age ____

Hebrew name _____ Grade entering 8/19 ____

Name of Child #2 _____ Birthdate (MM/DD/YY) ____/____/____ Age ____

Hebrew name _____ Grade entering 8/19 ____

Name of Child #3 _____ Birthdate (MM/DD/YY) ____/____/____ Age ____

Hebrew name _____ Grade entering 8/19 ____

Father's Name _____ Home Phone # ____-____-____ Cell Phone # ____-____-____

Address _____
Street/Apt.# City State Zip Code

Email address _____

Mother's Name _____ Home Phone # ____-____-____ Cell Phone # ____-____-____

Address _____
Street/Apt.# City State Zip Code

Email address _____

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 # ____-____-____

Have there been any changes in medical or any other pertinent information in the past 12 months? No Yes

If yes, please list changes.

I hereby permit my child to participate in all school activities and trips on and off the premises. I hereby authorize the school to have my child given care by a physician in the manner which the situation necessitates.

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**

Registration/Book Fee: \$40/child
Tuition: K-2nd Grade: \$650
3rd Grade and older: \$800
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 automatically 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 _____