

## Chabad Hebrew School Application

### Student Information

Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Does your child have previous Jewish Education?  Yes  No

If yes, please describe: \_\_\_\_\_

What school does your child attend? \_\_\_\_\_ Grade: \_\_\_\_\_

Is the natural mother of the child Jewish?  Yes  No

Were there any conversions or adoptions in your family?  Yes  No If Yes please describe:

Any considerations, such as learning disorder or difficulty, the school should be aware of? (*Confidential*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Parent Information

Father's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email : \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email : \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### Emergency Information

Emergency Contact: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Allergies or other Medical Condition: \_\_\_\_\_

As the parent(s) or legal guardian of \_\_\_\_\_, I/we authorize any adult acting on behalf of Chabad Hebrew School to hospitalize or secure treatment for my child, I further agree to pay all charges for that care and/or treatment. It is understood that if time and circumstances reasonably permit, Chabad Hebrew School personnel will try, but are not required, to communicate with me prior to such treatment.

I hereby give permission for my child to attend all field trips and outings sponsored by Chabad Hebrew School.

\_\_\_\_\_  
Signature of parent or legal guardian Date

### Chabad Hebrew School Tuition Agreement

The following is a tuition agreement for the Chabad Hebrew School. The agreement explains the tuition fees, payments plans and refund policies. Please read it through carefully. If paying by check or cash, full payment must be submitted to the school office before any child will be permitted to attend classes.

The tuition for the Chabad Hebrew School is \$500.00 per Year per child (this includes a registration & book fee). Membership Not Required

**Discounts:** There is a 10% discount off of the regular tuition for each additional child of the same family. There is a 10% additional discount off your total tuition for each child of another family you successfully introduce to the Chabad Hebrew School.

#### You may choose from the following payment methods:

- PLAN A: You may pay the entire amount in full with a check, cash or credit card.
- PLAN B: You may pay the annual tuition on a monthly basis by submitting 5 checks of \$100.00 each, dated September through Jan. All checks must be submitted before the first day of Hebrew School.
- PLAN C: You may use your credit card to pay the tuition on a monthly basis. Your credit card will be billed \$100.00 monthly September - Jan. To do so please include your credit card number and expiration date on the next page.

**Payment Options**

Visa       Mastercard       Discover

Card number \_\_\_\_\_ Expiration \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

Check

Cash

Please return application to:

Chabad Hebrew School  
2122 Cape Coral Pkwy W  
Cape Coral FL 33914