

# CHABAD HEBREW SCHOOL

B”H

26 Wickatunk Road · Manalapan, NJ 07726 · 732-972-3687 Fax: 732-536-6571

## STUDENT APPLICATION

Basic Information			
Student's Name: Last: _____ First: _____		Hebrew Name: _____	Sex: M / F
Birth Date: _____ Time of Day: _____: _____ AM / PM	Grade Entering: _____	School Name: _____	
Home Address: _____			
City: _____	State: _____	Zip: _____	Phone: _____
Father's Name: _____		Hebrew Name: _____	
Name & Address of Employment: _____			
City: _____	State: _____	Zip: _____	Father's Cell Phone: _____
Mother's Name: _____		Hebrew Name: _____	
Name & Address of Employment: _____			
City: _____	State: _____	Zip: _____	Mother's Cell Phone: _____
Is child's Mother Jewish? Yes/ No		Is child's Father Jewish? Yes/ No	
Are there any adoptions in the family? Yes/ No	Are there any conversions in the family? Yes/ No	If you answered yes to either one please specify:	
Father's Email: _____		Mother's Email: _____	
<b>*Email must be filled out to be sure you are updated with school information.</b> Which email would you like us to contact? Mother / Father / Both			
About Your Child			
Does your child read basic Hebrew? Yes / No			
Previous religious school education: _____			
Does your child have any learning difficulties with general studies? Yes / No Explain: _____			
Any behavioral information we should be aware of? _____			
Any special abilities, habits, etc. which you want us to be aware of: _____			
Summer camp your child attends: _____			
Emergency Information			
1) Contact: _____		Phone: _____	
2) Contact: _____		Phone: _____	
Pediatrician: _____		Phone: _____	
Allergic reactions to medications: _____			
Medication child is taking on a regular basis: _____			
Any special medical circumstances or allergies: _____			
<b>Please include a copy of Immunizations.</b>			

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**General**

The following people are authorized to take my child to and from school:

1) Name:	Phone:
2) Name:	Phone:

I authorize Chabad Hebrew School to take my child on school trips. (you will be notified prior to any trips)  
 I authorize Chabad Hebrew School to take pictures/video of my child and use them for publicity purposes (i.e., Brochures, Websites)  
 In the event I cannot be reached, I hereby grant permission to the staff of Chabad Hebrew School to treat and/or provide a physician or hospital to give emergency treatment to my child.

**\*\* I have read & agree to all the above.**  
 Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 How did you hear about our Hebrew School? \_\_\_\_\_

**Tuition & Days:**

Hebrew School- Ages 5-13  
 Mondays & Wednesdays 4:30-6:30 pm, Sunday 9:45-11:45 am. \$850 Tuition + \$100 Nonrefundable Registration/Book Fee  
 Please select the day/s your child will be attending:  Monday  Wednesday  Sunday

**Discount Options:**

- New Family Discount \$150 off Tuition (1 per family, cannot be combined with Early registration )
- Applications Received before July 1<sup>st</sup> - \$75 Discount (1 per family)
- Refer a new family – \$100 Discount – Name of family \_\_\_\_\_ (can be used to refer 1 family/year)
- Sibling Discount – \$100 Discount off second child

**Payment Options: (check one)**

**All registration forms must be submitted with the registration fee and full payment.**

- Option 1: Full payment of tuition with this registration form
- Option 2: Provide the registration fee and postdated checks covering the balance. (last check must be dated before Mach 1, 2018)
- Option 3: Payment by Credit Card:  Full  Monthly (Thru March 2018)

Credit Card number \_\_\_\_\_ exp: \_\_\_\_\_ CVV Code \_\_\_\_\_

Credit card authorization signature: \_\_\_\_\_

**I would like more information on the following programs:**

<b>YOUTH</b>	<b>PRE TEENS/ TEENS</b>	<b>ADULTS</b>
<input type="checkbox"/> Mini Chefs (Thursday ages 4-6) <input type="checkbox"/> Girl's Club (Girls Tuesday ages 7-11) <input type="checkbox"/> Mishmor (Boys Tuesday ages 7-11) <input type="checkbox"/> Shabbat Program (Ages 4-12) <input type="checkbox"/> Gan Israel Day Camp	<input type="checkbox"/> Bat Mitzvah Club (Girls ages 11-13) <input type="checkbox"/> Bar/ Bat Mitzvah Lessons <input type="checkbox"/> Cteen Junior (Jewish Club for 7th & 8th graders) <input type="checkbox"/> Cteen (humanitarian/ social program for H.S students) <input type="checkbox"/> JLI Teens/ Hebrew High <input type="checkbox"/> Friendship Circle- Teen Volunteering opportunities	<input type="checkbox"/> Adult Education <input type="checkbox"/> JBN- Jewish Business Network <input type="checkbox"/> Smiling on Seniors <input type="checkbox"/> Synagogue information <input type="checkbox"/> JWC- Jewish Woman's Circle

**I would like to donate to the Chabad Hebrew School Education Scholarship Fund in the amount of**  
 \$100  \$72  \$36 **Other:** \_\_\_\_\_

**\*\*YOU WILL BE NOTIFIED VIA EMAIL UPON APPLICATION ACCEPTANCE\*\***

**Please note: As it takes time for the office to process the forms. All forms must be received no later than September 1<sup>st</sup> in order for your child to begin Hebrew School on time.**

**FOR OFFICE USE ONLY:**

Signature of acceptance: \_\_\_\_\_ Date: \_\_\_\_\_