

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:	
*Email must be filled out to be sure you are updated with school information. 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:			
Please include a copy of Immunizations.			

Continued on next page ⇨

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. \$800 Tuition + \$100 Nonrefundable Registration/Book Fee
 Please select the day/s your child will be attending: Monday Wednesday Sunday

Discount Options:

- New Family Discount 18% off Tuition (1 per family, cannot be combined with Early registration)
- Applications Received before July 1st - \$50 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, 2016)
- Option 3: Payment by Credit Card: Full Monthly (Thru March 2016)

Credit Card number _____ exp: _____ CVV Code _____
 Credit card authorization signature: _____

I would like more information on the following programs:

YOUTH	PRE TEENS/ TEENS	ADULTS
<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 August 22nd in order for your child to begin Hebrew School on time.

FOR OFFICE USE ONLY:

Signature of acceptance: _____ Date: _____