

CHABAD HEBREW SCHOOL

B"H

707 Tennent 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: _____	
City: _____	State: _____	Zip: _____	Father's Cell Phone: _____
Mother's Name: _____		Hebrew Name: _____	
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			
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: _____			

General
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. \$895 Tuition + \$75 Nonrefundable Registration/Book Fee + \$50 Security Fee
Please select the day/s your child will be attending: Monday Wednesday Sunday

Discount Options:

- New Family Discount \$200 off Tuition (1 per family, cannot be combined with Early registration)
- 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 & security fees, and a selection of how you will pay the remaining balance.

- 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:

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 September 1st in order for your child to begin Hebrew School on time.

FOR OFFICE USE ONLY:

Signature of acceptance: _____ Date: _____