



Chabad Hebrew School 2020-2021 Registration Form

A project of
The Lori Schottenstein
Chabad Center

Two Tracks available this year
Please select your preference

In-Person: Small class sizes, following strict social distancing government guidelines

At-Home OUT-OF-THE-BOX Experience: Virtual with teachers. Students will receive weekly packages complete with activities and learning materials to be taught on Sunday.

Family Name:

Mother's Name: _____
 Mother's Hebrew Name: _____
 Address: _____

 City: _____ Zip: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Email: _____

Father's Name: _____
 Father's Hebrew Name: _____
 Address: _____

 City: _____ Zip: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Email: _____

Emergency Contacts

Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____
 Children's Pediatrician: _____ Phone: _____
 Address: _____ City: _____
 Insurance Company: _____ Policy #: _____

Contact for Emergency Medical Treatment

I give permission for emergency medical treatment, to be used only if I cannot be reached immediately.

Parent Signature: _____ Date: _____

Child 1

Enrolling in:

- Regular Hebrew School
- First Taste (ages 3-5)

Child's Name: _____ Hebrew Name: _____
 Date of Birth: _____ Time: _____ AM /PM Jewish Birthday: _____
 School: _____ Grade: _____
 For new Students Enrolling: Hebrew Reading: None Somewhat Well
 Previous Jewish Education: Yes No If yes, where? _____
 Does the child have any special dietary needs, health situations, or any specific learning challenges?
 (Specify): _____

Child 2

Enrolling in:

- Regular Hebrew School
- First Taste (ages 3-5)

Child's Name: _____ Hebrew Name: _____
 Date of Birth: _____ Time: _____ AM /PM Jewish Birthday: _____
 School: _____ Grade: _____
 For new Students Enrolling: Hebrew Reading: None Somewhat Well
 Previous Jewish Education: Yes No If yes, where? _____
 Does the child have any special dietary needs, health situations, or any specific learning challenges?
 (Specify): _____

Child 3

Enrolling in:

- Regular Hebrew School
- First Taste (ages 3-5)

Child's Name: _____ Hebrew Name: _____
 Date of Birth: _____ Time: _____ AM /PM Jewish Birthday: _____
 School: _____ Grade: _____
 For new Students Enrolling: Hebrew Reading: None Somewhat Well
 Previous Jewish Education: Yes No If yes, where? _____
 Does the child have any special dietary needs, health situations, or any specific learning challenges?
 (Specify): _____

Please list other children that are not enrolled in Chabad Hebrew School

Child's Name: _____ Child's Name: _____
 Hebrew Name: _____ Hebrew Name: _____
 Date of Birth: _____ Date of Birth: _____

Tuition

Child 1

- First Taste (ages 3-5) \$250 _____
- Non Member Regular \$950 _____
- Member Regular* \$650 _____

- I have completed my membership form*
- Please contact me about paying in monthly or quarterly installments.

Child 2 (5% discount for siblings)

- First Taste (ages 3-5) \$230 _____
- Non Member Regular \$902 _____
- Member Regular* \$618 _____

- Scholarship assistance available upon request. Please indicate by checking the box if you're requesting scholarship assistance, and we will contact you to work out the details.

Child 3 (5% discount for siblings)

- First Taste (ages 3-5) \$210 _____
- Non Member Regular \$902 _____
- Member Regular* \$618 _____

Online form also available at columbuschabad.com.

Please mail to:
 Chabad Hebrew School
 6220 East Dublin-Granville Rd.
 New Albany, OH 43054

TOTAL TUITION** _____