

## **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	Virtual with tea weekly packag	<b>T-OF-THE-BOX Experience:</b> achers. Students will receive es complete with activities aterials to be taught on Sunday.
Family Name:		
Mother's Name:	Father's Name:	
Mother's Hebrew Name:	Father's Hebrew Name:	
Address:		
City: Zip:		Zip:
Home Phone:	Home Phone:	
Work Phone:	Work Phone:	
Cell Phone:	Cell Phone:	
Email:	Email:	
Emerg	ency Contacts	
Name: Re	lationship:	Phone:
Name: Re	lationship:	Phone:
Children's Pediatrician:		Phone:
Address:	City:	
Insurance Company:	Policy #:	
Contact for Emer	gency Medical Treatn	nent
I give permission for emergency medical trea	tment, to be used only if I canno	ot be reached immediately.
Parent Signature:		Date:

Child 1	Child's Name:	Hebrew Name:	
Enrolling in:	Date of Birth: Time: A	M /PM Jewish Birthday:	
Regular	School: G	rade:	
Hebrew	For new Students Enrolling: Hebrew Reading: 🗌 N	None Somewhat Well	
School	Previous Jewish Educ	ation: Yes No If yes, where?	
First Taste (ages 3-5)	Does the child have any special dietary needs, hea	Ith situations, or any specific learning challenges?	
, ,	(Specify):		
Child 2	Child's Name:	Hebrew Name:	
Enrolling in:	Date of Birth: Time: A	M /PM Jewish Birthday:	
Regular	School: G	rade:	
Hebrew	For new Students Enrolling: Hebrew Reading:	None Somewhat Well	
School	Previous Jewish Educ	ation: Yes No If yes, where?	
First Taste (ages 3-5)	Does the child have any special dietary needs, health situations, or any specific learning challenges?		
	(Specify):		
Child 3	Child's Name:	Hebrew Name:	
Enrolling in:	Date of Birth: Time: A	M /PM Jewish Birthday:	
Regular	School: G	rade:	
Hebrew	For new Students Enrolling: Hebrew Reading: None Somewhat Well		
School  First Taste	Previous Jewish Educ	ation: Yes No If yes, where?	
(ages 3-5)	Does the child have any special dietary needs, health situations, or any specific learning challenges?		
	(Specify):		
Please list other children	Child's Name:	Child's Name:	
that are not enrolled in	Hebrew Name:	Hebrew Name:	
Chabad	Date of Birth:	Date of Birth:	
		Date of Birth:	
Chabad	Date of Birth:	Date of Birth:	
Child 1	Tuition	Date of Birth:ave completed my membership form*	
Chabad Hebrew School	Tuition		
Child 1  First Taste (  Non Member	Tuition	ave completed my membership form* ease contact me about paying in monthly or quarterly	
Child 1  First Taste (	Tuition	ave completed my membership form*	
Child 1  First Taste (  Non Member Reg	Tuition  [] I h  (ages 3-5) \$250  er Regular \$950 Planes  egular* \$650 ins	ave completed my membership form* ease contact me about paying in monthly or quarterly stallments.	
Child 1  First Taste (  Non Member Reg	Tuition  (ages 3-5) \$250  er Regular \$950 Place agular* \$650 instance for siblings)	ave completed my membership form* ease contact me about paying in monthly or quarterly	
Child 1  First Taste (  Non Member Reg	Tuition	ave completed my membership form*  ease contact me about paying in monthly or quarterly stallments.  cholarship assistance available upon request. Please dicate by checking the box if you're requesting holarship assistance, and we will contact you to work	
Child 1  First Taste (  Non Member Reg  Child 2 (5% dis	Tuition	ave completed my membership form*  ease contact me about paying in monthly or quarterly stallments.  tholarship assistance available upon request. Please dicate by checking the box if you're requesting	
Child 1  First Taste (  Non Member Reg  Child 2 (5% distance)  First Taste (  Non Member Reg  Member Reg  Member Reg	Tuition	ave completed my membership form*  ease contact me about paying in monthly or quarterly stallments.  cholarship assistance available upon request. Please dicate by checking the box if you're requesting holarship assistance, and we will contact you to work at the details.	
Child 1  First Taste (  Non Member Reg  Child 2 (5% distance)  First Taste (  Non Member Reg  Member Reg  Member Reg	Tuition  (ages 3-5) \$250 er Regular \$950 Place gular* \$650 iscount for siblings) (ages 3-5) \$230 include er Regular \$902 scoonser Regular \$902 scoonser Regular \$618 Outlier  (ascount for siblings) Online	ave completed my membership form*  ease contact me about paying in monthly or quarterly stallments.  cholarship assistance available upon request. Please dicate by checking the box if you're requesting holarship assistance, and we will contact you to work	
Child 1  First Taste ( Non Member Reg  Child 2 (5% dis First Taste ( Non Member Reg  Child 3 (5% dis Child 3 (5% dis	Tuition  (ages 3-5) \$250 er Regular \$950 Place gular* \$650 instance (ages 3-5) \$230 instance er Regular \$902 scenare er Regular \$902 scenare er Regular \$618 Online (ages 3-5) \$210	ave completed my membership form*  ease contact me about paying in monthly or quarterly stallments.  cholarship assistance available upon request. Please dicate by checking the box if you're requesting holarship assistance, and we will contact you to work at the details.	
Child 1  First Taste ( Non Member Reg  Child 2 (5% dis First Taste ( Non Member Reg  Child 3 (5% dis First Taste (	Tuition  (ages 3-5) \$250 er Regular \$950 Place gular* \$650 iscount for siblings) (ages 3-5) \$230 sc er Regular \$902 sc egular* \$618 discount for siblings) (ages 3-5) \$210 er Regular \$902 Pleas gular* \$618 Chab	ave completed my membership form*  ease contact me about paying in monthly or quarterly stallments.  cholarship assistance available upon request. Please dicate by checking the box if you're requesting holarship assistance, and we will contact you to work at the details.  e form also available at columbuschabad.com.	
Child 1  First Taste ( Non Member Reg  Child 2 (5% distributed in Member Reg  Child 3 (5% distributed in Member Reg  Child 3 (5% distributed in Member Reg  Child 3 (5% distributed in Member Reg  Non Member Reg  Non Member Reg  Non Member Reg  Non Member Reg	Tuition	ave completed my membership form*  ease contact me about paying in monthly or quarterly stallments.  cholarship assistance available upon request. Please dicate by checking the box if you're requesting holarship assistance, and we will contact you to work at the details.  e form also available at columbuschabad.com.  e mail to: ad Hebrew School East Dublin-Granville Rd.	
Child 1  First Taste ( Non Member Reg  Child 2 (5% distributed in Member Reg  Child 3 (5% distributed in Member Reg  Child 3 (5% distributed in Member Reg  Child 3 (5% distributed in Member Reg  Non Member Reg  Child 3 (5% distributed in Member Reg  Non Member Reg  Non Member	Tuition	ave completed my membership form*  ease contact me about paying in monthly or quarterly stallments.  cholarship assistance available upon request. Please dicate by checking the box if you're requesting holarship assistance, and we will contact you to work at the details.  e form also available at columbuschabad.com.	