



A project of
The Lori Schottenstein
Chabad Center

Chabad Hebrew School 2020-2021 Registration Form

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) member \$300 _____
- ☐ First Taste (ages 3-5) non-member \$350 _____
- ☐ Member Regular* \$750 _____
- ☐ Non-Member Regular \$1,050 _____

Child 2 (5% discount for siblings)

- ☐ First Taste (ages 3-5) member \$280 _____
- ☐ First Taste (ages 3-5) non-member \$330 _____
- ☐ Member Regular* \$718 _____
- ☐ Non-Member Regular \$1,002 _____

Child 3 (5% discount for siblings)

- ☐ First Taste (ages 3-5) member \$260 _____
- ☐ First Taste (ages 3-5) non-member \$310 _____
- ☐ Member Regular* \$718 _____
- ☐ Non Member Regular \$1,002 _____

TOTAL TUITION** _____

☐ I have completed my membership form*

☐ Please contact me about paying in monthly or quarterly installments.

☐ 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.

Online form also available at columbuschabad.com.

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