



A project of The Lori Schottenstein Chabad Center

Chabad Hebrew School 2023-2024 Registration Form

Family Name:

Mother's Name: _____

Father's Name: _____

Mother's Hebrew Name: _____

Father's Hebrew Name: _____

Address: _____

Address: _____

City: _____ Zip: _____

City: _____ Zip: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

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 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

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Does the child have any special dietary needs, health situations, or any specific learning challenges?

(Specify): _____

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): _____

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

of Children

Tuition x # of Children

I have completed my membership form*

First Taste (ages 3-5) member \$430 _____

Please contact me about paying in monthly or quarterly installments.

First Taste (ages 3-5) non-member \$530 _____

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.

Member Regular* \$830 _____

Online form also available at columbuschabad.com.

Non-Member Regular \$1,230 _____

Please mail to:

Pay by Installments \$200 _____

Chabad Hebrew School
6220 East Dublin-Granville Rd.
New Albany, OH 43054

TOTAL TUITION** _____