



## Hebrew School Registration Form 5778 (2017-2018)

### Family Information

Family Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Mother's name** \_\_\_\_\_ **Mother's Hebrew name** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

Mother's Address if different: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

**Father's name** \_\_\_\_\_ **Father's Hebrew name** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Address if different: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Child resides with: Mother / Father / Both / Other \_\_\_\_\_

### 1<sup>st</sup> Child

Child's name \_\_\_\_\_ Child's Hebrew name \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ City of Birth: \_\_\_\_\_ Time of Birth: \_\_\_\_:\_\_\_\_ AM / PM

School: \_\_\_\_\_ Grade in September 2017 \_\_\_\_\_

Siblings and ages: \_\_\_\_\_

### 2<sup>nd</sup> Child

Child's name \_\_\_\_\_ Child's Hebrew name \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ City of Birth: \_\_\_\_\_ Time of Birth: \_\_\_\_:\_\_\_\_ AM / PM

School: \_\_\_\_\_ Grade in September 2017 \_\_\_\_\_

Siblings and ages: \_\_\_\_\_

### 3<sup>rd</sup> Child *(For additional children, please add sheet)*

Child's name \_\_\_\_\_ Child's Hebrew name \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ City of Birth: \_\_\_\_\_ Time of Birth: \_\_\_\_:\_\_\_\_ AM / PM

School: \_\_\_\_\_ Grade in September 2017 \_\_\_\_\_

Siblings and ages: \_\_\_\_\_



### General Information

Is the natural mother of the child Jewish? \_\_\_\_\_ Is the mother's mother Jewish? \_\_\_\_\_

Is the natural father of the child Jewish? \_\_\_\_\_ Is the father's mother Jewish? \_\_\_\_\_

Have there been any conversions or adoptions in the family history? \_\_\_\_\_

Have your child(ren) attended Hebrew School before? \_\_\_\_\_ If yes, where and for how long?

\_\_\_\_\_

Does your child(ren) have any learning disabilities with general studies?

\_\_\_\_\_

Special instructions (allergies etc...)

\_\_\_\_\_

Emergency contact besides parent (name and number)

\_\_\_\_\_

Persons authorized to pick up my child (ren)

\_\_\_\_\_

What are some of the goals you hope your child will achieve through attending the Chabad Hebrew School?

\_\_\_\_\_

\_\_\_\_\_

How did you hear about CHS? (Check all that apply for this year)

- Returning Student       Facebook       Internet Search

Referred by: \_\_\_\_\_ Other: \_\_\_\_\_

### Tuition and Fees

**Registration & Book Fee:** \$75 per child by Wednesday, June 7th, 2017, \$125 per child after June 7th, 2017.

**Kindergarten - 7th grade:** Members: \$600, Community: \$850 per child

**Security Fee:** \$75 per family

*Registration & Book Fees are due at time of registration and are not included in tuition.*

### Membership

Membership entitles you to High Holiday seats and various discounts throughout the year.

- Platinum Family Members \$1800       Gold Family Members \$1500

- Silver Family Membership \$1200       Family Membership \$900



### Scholarship information

At Chabad, no child will be turned away for lack of funds. Call our office to inquire about scholarship qualifications and the application process. A scholarship application must be completed and all supporting documents submitted for review by the Scholarship Board.

### Payment Plans

Please choose one of the following payment options:

- 1 **Check /Credit card\*** payment in full (due before first day of Hebrew School)
- Please divide my **Check** payment into (select one) 2 / 3 / 4 / 5 / 6 installments, for deposit on the 15<sup>th</sup> of each month. **All post-dated checks must be submitted with registration.**
- Please divide my **Credit Card\*** payment into (select one) 2 / 3 / 4 / 5 / 6 installments to be charged on the 15<sup>th</sup> of each month. **Please complete the Credit Card Billing Authorization Form.**

**\*A service charge of 3.5% will be added to all tuition and fee payments made by credit card.**

### Agreement

**Please enroll my child(ren) in Chabad Hebrew School for the 5778 (2017-2018) Academic year!**

**MY TOTAL MEMBERSHIP (if applicable) AND TUITION OBLIGATION (including fees) IS \$\_\_\_\_\_.**

- Please find enclosed Check(s) made payable to Chabad of SW Broward
- Please charge my Credit Card (see attached Credit Card Billing Authorization Form)

**Admissions:** This signed registration form along with full payment or completed and approved payment plan must be submitted to the school office before any child will be permitted to attend classes. *Enrollment is only considered complete after payment plan approval and registration fees are received.* **Refund Policy:** Refunds for children withdrawing from school before the end of the school year will be pro-rated up to February 1st provided that the school office is given 30 days written notice. Tuition refunds will not be granted to children withdrawing from school after February 1. Registration and book fees are non-refundable. There are no refunds or credits for days missed due to illness, holidays, or family vacations.

**Emergency plan:** I authorize any adult acting on behalf of Chabad Hebrew School to hospitalize or secure treatment for my child, I further agree to pay all charges for that care and/or treatment. It is understood that if time and circumstances reasonably permit, Chabad Hebrew School personnel will try, but are not required, to communicate with me/us prior to such treatment. **Miscellaneous:** I allow my child to be photographed while participating in Hebrew School activities and for these photographs to be used in the marketing of Chabad activities. I understand that all liability and costs resulting from damage to property and/or personal injury caused or attributable to my child(ren) will be my responsibility and I agree to fully indemnify Chabad Lubavitch of Southwest Broward, Inc. and Chabad Hebrew School and its associates, teachers and agents harmless therefrom. I authorize my child(ren) to participate in trips conducted by Chabad Hebrew School.

**Certification:** I certify that I am the parent or legal guardian of the above listed child(ren), that I have read and understand this agreement, that I agree to pay full amount due and that I agree to all policies as set forth by Chabad Hebrew School.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



### **CREDIT CARD BILLING AUTHORIZATION FORM**

If you would like to pay with a credit card please complete and sign this Credit Card Billing Authorization Form. All requested information is required in order to process your application. If you choose to pay in installments, we will automatically bill your credit card for the amount indicated, and your total charges will appear on your monthly credit card statement. You may cancel this billing authorization in writing at any time by contacting Rabbi Schwartz.

#### **Customer Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### **Payment Information:**

I authorize Chabad of SW Broward Hebrew School to automatically bill the card listed below, in fulfillment of my tuition obligations, as specified:

Amount: \$\_\_\_\_\_ plus the 3.5% service charge.

**Number of Payments:** (Circle) 1 / 2 / 3 / 4 / 5 / 6

#### **Credit Card Information: (all items required)**

Credit card type:  VISA  MASTERCARD  AMERICAN EXPRESS  DISCOVER

Credit card number: \_\_\_\_\_

Expiration: \_\_\_\_\_/\_\_\_\_\_ Security Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholder's name (as it appears on credit card): \_\_\_\_\_

Billing address (if different): \_\_\_\_\_

**Customer's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***The completed form can be either mailed or dropped off to the attention of Rabbi Schwartz or emailed to Shul@ChabadSWB.com***



## Chabad Hebrew School Volunteer Opportunities for Parents

Yes! I \_\_\_\_\_ would like to partner with Chabad to enhance my child's Jewish education.

*Please check off which area of volunteering you would like to be involved in.*

### 1. Aleph Champ Hebrew Reading Volunteer:

#### Aleph Champ Volunteer Options

- I would like to test students on Hebrew reading
- I would like to work one-on-one with a child who is at a beginning learning level and needs personal coaching
- I would like to work one-on-one with a child who is at an advanced level of Hebrew learning

**If you have checked the above please specify how often you are available:**

- I will be at Aleph Champ on a weekly basis
- I will be at Aleph Champ on a monthly basis

### 2. Planning Extra Curricular Events

(Such as: Hebrew School Holiday Party, Torah Fair, Graduation, trips and other special events).

- Yes, I am interested in coordinating an extra-curricular event for Hebrew School.

### 3. Special Talents (Art, Music, Cooking, etc.)

- Yes, I would like to share my talents with the students at Chabad Hebrew School!

What specialty can you offer? \_\_\_\_\_

## Sponsor a Child's Jewish Education

At Chabad Hebrew School, we believe every child should have the opportunity to attend Hebrew School and therefore no child is turned down due to lack of funds.

Would you like to sponsor a student who has requested a scholarship?

- I would like to sponsor a student for one month for \$60
- I would like to sponsor a student for half year for \$300
- I would like to sponsor a child for one year for \$600
- Enclosed is a check     I will **contribute by credit card.**

Card Number: \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_

Billing Address (if different than above) \_\_\_\_\_

*Scholarship donations are tax-deductible. Thank you for your support!*



**Chabad of Southwest Broward**  
10601 Stirling Road • Cooper City, FL 33328 • 954-252-1770 • [www.ChabadSWB.com](http://www.ChabadSWB.com)



## JCC Pick-up Form

Chabad Hebrew School will be offering a limited amount of complimentary transportation from the David Posnak JCC Aftercare Program to Chabad Hebrew School on Tuesdays. **There are a VERY limited number of seats available and they will be awarded on a first come, first serve basis.** Please fill out and sign this form to authorize Chabad to pick up your child(ren) from the Aftercare Program and bring them to Hebrew School. Dismissal will be from Chabad.

I \_\_\_\_\_ hereby allow my child(ren) \_\_\_\_\_  
to be picked up from the David Posnak JCC Aftercare Program and be driven to Chabad Hebrew School,  
for Tuesday afternoon classes.

Signed \_\_\_\_\_ Date \_\_\_\_\_