



Chabad Hebrew School

ב"ה

Under the auspices of Chabad of SCV
23120 Lyons Ave. #19 Newhall, CA 91321 661-254-3434 www.chabadscv.com

Registration Application 2014-15

Please Print Clearly

Part I: Student Information

Last Name _____ e-mail _____
 First Name: English _____ Hebrew _____
 Address _____ Zip _____ Phone _____
 Birth date _____ Age _____ School _____ Grade (Entering) _____

Part II: Parents' Information

Father's Name _____ Hebrew Name _____
 Work Address _____ Phone _____ Occupation _____
 Mother's Name _____ Hebrew Name _____
 Work Address _____ Phone _____ Occupation _____
 e-mail (parent) _____ Synagogue Affiliation _____

Part III: Religious & Educational History

Previous Hebrew Education _____
 Does your child read basic Hebrew? None Somewhat Well
 Does your child have any learning difficulties with general studies? Yes No
 If Yes, please describe. _____
 Were there any conversions or adoptions in the family? _____
 If Yes, please explain. _____

Part IV: Medical Information (confidential)

Up to date with vaccinations? Yes No
 Are there any special medical or other information, which we should be aware of? (Confidential) _____

Part V: Referrals

How did you hear about Chabad Hebrew School? _____
 Signature _____ Date _____



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Registration Application 2014-2015 (continued)

Tuition fees: \$550 per child
Registration & Book Fee: \$25
\$55 Sibling discount

I have enclosed \$ _____ towards tuition.

Please check box with your choice for method of payment:

- Prepayment in full before September 9
- Pay 1/2 of tuition before September 9, and 1/2 by January 9.
- 10 installments. For this option, please fill out the credit card form below. Your card will be charged on the 1st of each month for the next 10 months. Alternatively, you may give the office 10 checks to be deposited on the 1st of each month. Please make checks payable to Chabad of SCV.

Note: If there are reasons you cannot commit to one of the above options, please contact our office to arrange a personal payment plan. Please note that the above options are for tuition only. The registration fee and the book fee are due with your registration form.

Credit Card Information

Credit Card Number _____ Exp Date ____/____ CVV Code _____

Name on Card _____ Mailing Zip _____

As the parent(s) or legal guardian of the above child, I/we authorize any adult acting on behalf of Chabad Hebrew School to hospitalize or secure treatment for my child. It is understood that if time and circumstances reasonably permit, Chabad Hebrew School personnel will try to communicate with me prior to such treatment. I hereby give permission for my child to participate in all school activities, join in class and school trips on and beyond school properties and allow my child to be photographed while participating in Chabad Hebrew School activities. If for any reason you decide to cancel during the year, you will be refunded from the beginning of the next month.

Signature

Date