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Jamshid & Miriam Tehrani
CHABAD HEBREW SCHOOL
Registration Form • 2019-2020
1311 Fort Washington Ave, Fort Washington, PA 19034
Phone: 215-591-9310 Fax: 215-591-9312 e-mail: chs@jewishmc.com

ADULT 1 NAME _____ ADULT 2 NAME _____

ADDRESS _____ CITY _____ ZIP _____ HOME PHONE _____ CELL PHONE _____

ADULT E-MAIL ADDRESS _____

CHILD 1 _____
First and Last Name Hebrew Name Birthdate Grade as of 9/19 Secular school

CHILD 2 _____
First and Last Name Hebrew Name Birthdate Grade as of 9/19 Secular school

CHILD 3 _____
First and Last Name Hebrew Name Birthdate Grade as of 9/19 Secular school

CHILD ONE
CHILD TWO
CHILD THREE

☐ ☐ ☐ **"FIRST TASTE" PROGRAM** – Grades K, 1 – **Sunday** Morning, 9:30am – 12:00pm

Fee: \$880

☐ ☐ ☐ **HEBREW SCHOOL** – Grades 2-7 – **Sunday** Morning, 9:30am – 12:00pm & **Wednesday** 4:30 – 6:00pm

Fee: \$1,100

*******NEW FOR THIS YEAR: \$150 PER FAMILY SECURITY FEE *******

Early Bird Bonus! Receive \$50 discount per child for applications received by July 6, 2019!

Total Payment Due: _____ (tuition plus security fee)

Payment Options (check one):

Please note that this form is incomplete without complete financial information.

- ☐ Option 1: Full Payment of tuition with this registration form.
- ☐ Option 2: Provide a \$100 deposit per child and post dated checks (last check must be dated before May 1, 2020) with this registration form. (Checks must be enclosed to select this option)
- ☐ Payment by Credit Card: visa/mc: _____ exp: _____ Security code: _____
- ☐ Option 3: Charge full payment at time of enrollment
 - ☐ Option 4: Monthly Payment. \$100 Deposit per child at time of enrollment, followed by monthly payments automatically deducted through May 1, 2020)

Scholarships are available on a case-by-case basis. Please contact our office for a scholarship application.

Scholarship applications must be completed and approved PRIOR to the start of each school year.

Your referrals are appreciated! Referred by: _____

Student/Family Information

In case of illness or injury of a child at school, every effort will be made to contact the parent or guardian.

In an emergency, call:

Name _____ Phone _____ Cell Phone _____

Name _____ Phone _____ Cell Phone _____

Name of Physician _____ Phone _____

Personal history:

Is child(ren)'s **father** Jewish? ☐ yes ☐ no

Is child(ren)'s **mother** Jewish? ☐ yes ☐ no

Are there any conversions in the family? ☐ yes ☐ no

If yes, please specify and attach copies of conversion documents _____

Are there any adoptions in the family? ☐ yes ☐ no

If yes, please specify: _____

Are the child's parents living together? ____ Yes ____ No

Mother's or father's address if different _____ Phone _____

Does your child attend any special education program in public school? (Please explain) _____

Does your child have any special abilities or disabilities? (Please explain) _____

Is your child on any special medication that the school should be aware of? _____

(Please specify) _____

Does your child have any allergies? (Please specify) _____

If new to Chabad Hebrew School, child(ren)'s previous Jewish education:

How many years? _____ Number of days per week? _____

At what synagogue? _____ City _____

Has your child studied Hebrew? _____ For how long? _____

By signing below, I affirm that the information provided above is true and correct.

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____