

CHABAD HEBREW SCHOOL APPLICATION – 2011/2012

Date ___/___/___

STUDENT INFORMATION

Child #1

Last Name: _____ First Name: _____

Hebrew Name: _____ Date of Birth ___/___/___

School attending: _____ Grade entering (Fall 2011): _____

How would you describe your child's knowledge of basic Judaism?

My Child: (Check One) Does Not Read Hebrew Recognizes letters of the Aleph-Bet
 Can read Hebrew slowly Can read Hebrew very well.

Any considerations, such as learning disorder or difficulty, the school should be aware of (*confidential*):

Child #2

Last Name: _____ First Name: _____

Hebrew Name: _____ Date of Birth ___/___/___

School attending: _____ Grade entering (Fall 2011): _____

How would you describe your child's knowledge of basic Judaism?

My Child: (Check One) Does Not Read Hebrew Recognizes letters of the Aleph-Bet
 Can read Hebrew slowly Can read Hebrew very well.

Any considerations, such as learning disorder or difficulty, the school should be aware of (*confidential*):

PARENT INFORMATION

Family Information:

Home Address: _____ City: _____ Zip: _____

Subdivision (if applicable): _____ Home Phone: _____

Are the child's natural parents Jewish by birth? Yes No

If no, please explain: _____

Have there been any conversions or adoptions in your family? Yes No

If yes, please explain: _____

Synagogue affiliation (if applicable): _____

Father

First Name: _____

Occupation: _____

Business Phone: _____

Cell Phone: _____

Email: _____

Mother

EMERGENCY INFORMATION

Please list two emergency contacts:

Name:	Relationship:	Phone number:
1. _____	_____	_____
2. _____	_____	_____

Doctor: _____

Doctor's Address: _____

Doctor's Phone: _____

Health Insurance: _____

Allergies or other Medical Condition (*confidential*):

Please send a copy of your insurance card for our files.

The primary objective of my child's Hebrew School experience is to: _____

I was referred to Chabad Hebrew School by: _____

As the parent(s) or legal guardian of _____, I/we 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 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.

Signature of parent or legal guardian

Date

Please mail completed form to: **Chabad Hebrew School**
1635 Old 41 Hwy. Ste 112-265
Kennesaw, GA 30152

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The best compliment is a referral. Please suggest a family that would appreciate an invitation to our future programs:

Name: _____ Phone: _____

Address: _____
.....

CHABAD HEBREW SCHOOL TUITION AGREEMENT – 2011/2012

The following document is a tuition agreement for the Chabad Hebrew School. The agreement explains the tuition fees, payments plans and refund policies. Please read it through carefully and sign it on the line below. The signed tuition agreement along with a full payment plan must be submitted to the school office before any child will be permitted to attend classes.

The tuition for each of the programs is as follows:

Grades K-2:	\$475 + \$40 Non Refundable Registration & Book Fee
Grades 3-7:	\$475 + \$40 Non Refundable Registration & Book Fee
All Grades:	\$25 Extra Curricular Activities Fee
Hebrew Language Program:	\$250 (includes book fee)

Discounts:

- Early Bird Registration Special: \$25 off before July 31st.

Please note that no child will be turned away due to lack of funds. Please contact us at 678-460-7702 to discuss any financial considerations.

You may choose from the following payment methods.

- PLAN A:** You pay the entire amount in full (\$475 + \$40 + \$25) at the time of registration.
- PLAN B:** You pay \$275 at the time of registration and \$275 by March 1, 2012.

Refunds for children withdrawing from school before the end of the school year will be pro-rated up to February 1. Tuition refunds will not be granted to children withdrawing from school after February 1. There are no refunds or credits for days missed due to illness, holidays, or family vacations.

CREDIT CARD INFORMATION:

- Visa MasterCard American Express

Name on Card: _____

Card Number: _____ Exp.: ____ / ____ CVV: _____

- Plan A** **Plan B**

Signature

Date

Dear Parent,

The Chabad Jewish Center is committed to providing wonderful and enriching programs to every Jew in North West Cobb and Cherokee Counties, and our continued growth is made possible by the support we receive from the local community.

Unlike traditional synagogues, The Chabad Jewish Center does not ask for annual membership dues or require any building fund payments. Each Chabad Center is self-supporting and does not receive funding from Chabad-Lubavitch World Headquarters in New York.

To help support the efforts of The Chabad Jewish Center, we have created different options for the community to partner with us:

1. Join our Chai Circle of Friends. By becoming our partner through the Chai Circle of Friends, you are committing to a monthly donation in a multiple of 18, or Chai, which means life in Hebrew.
2. Join our Annual Campaign with a generous pledge (your donation can be earmarked to any project or fund).

Please consider supporting the Chabad Jewish Center, your donation, combined with everyone else's, will allow us to continue serving the community's spiritual needs and reach out like never before.

Thank You!

Chai Club

All Chai Club Donations are payable by credit card or automated bank draft (EFT/ACH)
Please check the option of your choice:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$18 Monthly | <input type="checkbox"/> \$36 Monthly | <input type="checkbox"/> \$54 Monthly | <input type="checkbox"/> \$72 Monthly |
| <input type="checkbox"/> \$108 Monthly | <input type="checkbox"/> \$180 Monthly | <input type="checkbox"/> \$360 Monthly | <input type="checkbox"/> \$540 Monthly |
| <input type="checkbox"/> Other \$ _____ Monthly | | | |

Annual Campaign

All Annual Donation Pledges are payable by Cash, Check, credit card or automated bank draft (EFT/ACH)
Please check the option of your choice:

- | | | | | | |
|---|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> \$500 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$2,000 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$18,000 |
| <input type="checkbox"/> Other \$ _____ | | | | | |

PAYMENT INFORMATION:			
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Check Enclosed
Name on Card: _____			
Card Number: _____ Exp:: ____ / ____ CVV: _____			