

# CHABAD HEBREW SCHOOL

We take pride in Jewish pride!



## Welcome to Chabad Hebrew School 2019-2020!

Our School enjoys a well-earned reputation as a trend setter in creative Jewish education for children ages 3-13.

Chabad Hebrew School has exciting new programs, a dynamic staff and interested students. Our student body is made up of children from various backgrounds and affiliations. Synagogue membership not required.

At Chabad Hebrew School of the Lehigh Valley we recognize that each child is a unique individual with different learning styles and abilities. Drama, song, interactive workbooks, Aleph Champ and of course the teachers, bring Hebrew School lessons to life.

Our hands-on learning style encourages children to be active, rather than passive, learners.



## Parent Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I.\_\_\_\_ Last Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

[ ] Custodial Parent (If married, mark both parents) Email: \_\_\_\_\_

Synagogue Affiliation: \_\_\_\_\_

Marital Status:[ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed [ ] Other\_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I.\_\_\_\_ Last Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

[ ] Custodial Parent (If married, mark both parents) Email: \_\_\_\_\_

Synagogue Affiliation: \_\_\_\_\_

Marital Status:[ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed [ ] Other\_\_\_\_\_

## Student Information

Were there any conversions &/or adoptions in the family?  Yes  No

If Yes, please explain. \_\_\_\_\_

**1<sup>st</sup> Child** First Name: \_\_\_\_\_ M.I.\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class:\_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender: [ ] Male [ ] Female Date of Birth:\_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?

\_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

Up to Date on Vaccinations?:  Yes  No

Previous Hebrew Education: \_\_\_\_\_

Does your child read basic Hebrew?  Well.  Somewhat  None

Does your child have any learning difficulties with general studies?  Yes  No

If Yes, please describe. \_\_\_\_\_

### Student Information

**2nd Child** First Name: \_\_\_\_\_ M.I.\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class:\_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender: [ ] Male [ ] Female Date of Birth:\_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

Up to Date on Vaccinations?:  Yes  No

Previous Hebrew Education: \_\_\_\_\_

Does your child read basic Hebrew?  Well.  Somewhat  None

Does your child have any learning difficulties with general studies?  Yes  No

If Yes, please describe. \_\_\_\_\_

### Emergency Contact Information

Person to be contacted in case of an emergency when parents cannot be reached:

First Name: \_\_\_\_\_ M.I.\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

I Hereby permit my child(ren) \_\_\_\_\_ to participate in all school activities, and to join in class and school trips on and beyond school properties and use any transportation selected by the Chabad Hebrew School.

Signature of parent \_\_\_\_\_

Date:\_\_\_\_\_

## Medical Release Form

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I hereby give consent to the administration of the Chabad Hebrew School to take whatever medical measures they deem necessary, at my expense, for my child in the event of a medical emergency.

Signature of parent \_\_\_\_\_

Date \_\_\_\_\_

## Photo Release

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Chabad Hebrew School of the Lehigh Valley and their affiliates have my permission to use my or my child(ren)'s photograph publicly to promote the school and/or center. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Child(ren)'s Name: \_\_\_\_\_

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**Tuition and Fees:**

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**Ages 3-13: \$550.00**

The above tuition does not include the non-refundable registration fee and book fee.

**Registration (due with registration form): \$50.00**

**Book Fee: \$75.00**

**Payment Options:**

Option 1: Prepayment in full of \$675.00 before September 1, 2019

Option 2: Pay in monthly installments of \$67.50 a month

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.

I have enclosed \$\_\_\_\_\_ for registration and book fees.

I have enclosed \$\_\_\_\_\_ towards tuition.

Please check box with your choice for method of payment:

Prepayment in full before September 1st

Pay in monthly installments of \$67.50 a month

Other method of payment as arranged with the office.

Please specify:

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Dear Parents,**

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Thank you for inquiring about Chabad Hebrew School. Enclosed please find a registration package, which includes a registration form, calendars, and a handbook with a set of rules and guidelines for our Hebrew school. If you did not receive yours please call our office at 610-351-6511 so that we can send you one as soon as possible.

**Hebrew School will run Sunday mornings from 10:00—12:30.**

**Please read the package carefully. Please send in the registration form with all the necessary information as soon as possible. If you have any questions or concerns please feel free to call me.**

At Chabad Hebrew School, we firmly believe that your child's taste of Jewish learning should be fun, upbeat and interesting. We strive to make each day exciting and each lesson relevant and interesting. Our hands-on learning style will allow the children to experience living Judaism.

We are also planning extra-curricular activities with an emphasis on helping other children, including visits to children who are not well, and cheering them up at holiday times.

*In order to successfully implement our goals, a home-school partnership is imperative and to achieve our noble aims we earnestly seek genuine co-operation and active participation.*

At Chabad Hebrew School we welcome families of all backgrounds and affiliation. Tuition is affordable, and we have a no membership, open door policy. Families are welcome to attend events and services at the Chabad House when they wish.

Wishing you a Happy, Healthy summer!

Sincerely yours,

Morah Devorah Halperin