

2009-10 ENROLLMENT AND TUITION FORM

STUDENT INFORMATION

Family Name: _____ First Name: _____

Hebrew Name (if known): _____ Date of Birth: _____ Age: _____ Sex: _____

Name of School Attending (2009/10) _____ Grade (2009/10): _____

Home Address: _____ City: _____ Zip _____

Is the natural mother of the child Jewish? Yes ___ No ___

Were there any conversions or adoptions in the child's family? Yes ___ No ___ If yes, please explain? _____

Has your child had any previous Hebrew education? Yes ___ No ___ If yes, where? _____

Does your child read basic Hebrew? Yes ___ No ___

PARENT INFORMATION

Fathers Name: _____ Hebrew Name (if known): _____ Birthday: _____

Home Telephone: _____ Work Telephone: _____ Cell Phone: _____

Occupation: _____ Email: _____

Mothers Name: _____ Hebrew Name (if known): _____ Birthday: _____

Home Telephone: _____ Work Telephone: _____ Cell Phone: _____

Occupation: _____ Email: _____

MEDICAL INFORMATION

Persons to be contacted in case of an emergency when parents cannot be reached: *(Please provide at least two contacts)*

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

In an emergency when you cannot reach either parent, I authorize the school to call:

Family physician: _____ Phone: _____

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

Signature of parent or legal guardian: _____

Relationship to child: _____ Date: _____

Principal: **Rabbi Ilan Weinberg**

80 Shore Road Port Washington New York 11050

tel: 516.767.TORAH • fax: 516.767.8673 • email: info@funhebrewschool.org • www.funhebrewschool.org

TUITION AGREEMENT

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 signature line below. The signed tuition agreement along with full payment must be submitted to the school office before any child will be permitted to attend classes. Refunds for children withdrawing from school before the end of the school year will be granted provided that the school office is given 30 days written notice. Tuition refunds will not be granted to children withdrawing from school after April 1st. A limited number of scholarships are available upon request; no child will be turned away for lack of funds.

_____ We are members of Chabad of Port Washington.

_____ We are not members of Chabad of Port Washington.

I agree to pay \$695 (Members \$345) for the school year.

This cost includes all books, supplies & in-school extra curricular activities. (No hidden fees)

Please choose one of the following tuition options:

Divide my payments into 2 charges of \$347.50 (\$172.50 for members)

- 2 postdated checks - Dated 9/1/09 and 1/1/10. Due by first day of Hebrew School.
 2 credit card payments - Charged on 9/1/09 and on 1/1/10. Info due by first day of Hebrew School.

Divide my payments into 4 charges of \$173.75 (\$86.25 for members)

- 4 postdated checks - Dated 9/1/09, 12/1/09, 2/1/10 and 5/1/10. Due by first day of Hebrew School.
 4 credit card payments - Charged on 9/1/09, 12/1/09, 2/1/10, and 5/1/10

Credit Card Information

___ VISA ___ MC ___ AMEX

Card # _____ Expiration Date: _____

This contract is entire and not divisible.

Name: _____ Signature: _____

Date: _____

Principal's signature _____ Date: _____

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