

2018-2019 ENROLLMENT AND TUITION FORM

Returning Student Form: ★ Fill in the Starred Questions ONLY

STUDENT INFORMATION

Family Name: ★ _____ First Name: ★ _____

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

Name of School Attending (2018/19) ★ _____ Grade entering (2018/19): ★ _____

Home Address: _____ City: _____ Zip: _____

Is the biological mother of the child Jewish by birth? Yes ___ No ___

Were there any conversions or adoptions in the child's immediate or extended family? Yes ___ No ___ If yes,

please explain _____ Acceptance to Hebrew School is not an endorsement of the Child's Halachic status as a Jew.

If necessary, the Child's status will need to be verified prior to any Bar/Bat Mitzvah being performed at Chabad of Valley Stream.

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

Does your child read basic Hebrew? Yes ___ No ___ Does your Child have a learning Disability? ___ No. If yes, please

describe _____

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: _____

CHABAD HEBREW SCHOOL of VALLEY STREAM

Principal: Mrs. Itty Goldshmid

550 Rockaway Avenue, Valley Stream, NY 11581

Tel: 516.825.5566 · Email: chabad11581@gmail.com · www.CoolHebrewSchool.com

CONFIDENTIAL: Does your child have any allergies or other medical condition we should be aware of? If yes, please describe them and indicate special precautions or care needed. ★ _____

As the parent(s) or legal guardian of the above child, I/we authorize any adult acting on behalf of Chabad of Valley Stream 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 of Valley Stream 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 of Valley Stream Hebrew School activities and that these pictures may be used for marketing purposes.

Signature of parent or legal guardian: ★ _____ Relationship to child: ★ _____ Date: ★ _____

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 January 1st. A limited number of scholarships are available upon request; no child will be turned away for lack of funds

TUITION: \$725

★ **PLEASE CHOOSE ONE OF THE FOLLOWING TUITION OPTIONS:**

- One full tuition payment
- Two payments, September 1st & January 1st
- I would like to arrange alternate plan
- Check/s Credit Card

PAYMENT INFO

___ VISA ___ MC ___ Am Ex		
Card # _____	Expiration Date: _____	CVV# _____

This contract is entire and not divisible.

Name: _____ Signature: _____ Date: _____

Principal's signature _____ Date: _____