

Name: _____

Hebrew Name: _____ Age by August: ___ years and ___ months

Birth date: _____/_____/_____ City _____ Time _____ am/pm

Does your child read basic Hebrew? None Somewhat Well

Does your child speak/understand Hebrew? None Somewhat Well

Does your child have previous Jewish education? Yes No If yes, please describe:

What school does your child attend? _____ Grade entering: _____

Synagogue affiliated with: _____

Are the child's natural parents Jewish by birth? Yes No If no, please explain:

Were there any conversions or adoptions in your family? Yes No If yes, please describe:

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

Parent Information

Mother's Name: _____

Home Phone Number: _____ Work Phone Number: _____

Mobile Phone Number: _____ Email: _____

Occupation: _____

Address: _____

City, State, Zip _____

Father's Name: _____

Home Phone Number: _____ Work Phone Number: _____

Mobile Phone Number: _____ Email: _____

Occupation: _____

Address: _____

City, State, Zip _____

Emergency Information

Please list two contacts to be used in case of emergencies (other than your home and business numbers).

Emergency Contact #1: _____ Relationship _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Emergency Contact #2: _____ Relationship _____

Home Phone: _____ Work Phone: _____

Mobile: _____

Doctor: _____

Doctor's Address: _____

Doctor's Phone: _____

Health Insurance: _____ Group # _____ ID# _____

Up to date with vaccinations? Yes No Date of last tetanus shot: _____/_____/_____

Allergies or other Medical Condition (*confidential*):

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

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 trip 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
c/o CHAI Learning Center of West Houston
14133 Memorial Dr. Suite 1
Houston, TX 77079

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 marked signature. The signed tuition agreement along with full payment must be submitted to the school office before any child will be permitted to attend classes.

The tuition for the Chabad Hebrew School is \$600.00 per year per child (this includes a registration & book fee).

Discounts: There is a 10% discount off of the regular tuition for each additional child of the same family. There is a 10% additional discount off your total tuition for each child of another family you successfully introduce to the Chabad Hebrew School.

You may choose from the following payment methods.

PLAN A: You may pay the entire amount in full with a check, cash or credit card.

PLAN B: You may pay the annual tuition on a monthly basis by submitting 10 checks of \$60.00 each, dated August through May. All checks must be submitted before the first day of Hebrew School.

PLAN C: You may use your credit card to pay the tuition on a monthly basis. Your credit card will be billed \$60.00 monthly August through May. To do so please include your credit card number and expiration date at the bottom of this page.

Refunds for children withdrawing from school before the end of the school year will be pro-rated up to February 1 provided that the school office is given 30 days written notice and does not include a \$50 registration and book fee. 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 Discover

Card Number: _____

Name on Card: _____

Expiration Date: ____/____/____

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Signature: _____ Date: ____/____/____