



Registration Form 2016-2017

Student Information

Name: _____

Hebrew Name: _____

Birth date: ____/____/____ Time _____ AM PM

Grade entering 2016/2017 _____

Does your child read basic Hebrew? Yes No If Yes: Good Fair Poor

What school does your child attend? _____

Does your child have any difficulties with his general studies? _____

Parent Information

Father's Name: _____

Home Phone Number: _____

Work Phone Number: _____

Mobile Phone: _____

Occupation: _____

Email: _____

Mother's Name: _____

Home Phone Number: _____

Work Phone Number: _____

Mobile Phone: _____

Occupation: _____

Email: _____

Address: _____



Registration Form 2015-2016

Emergency Information

Emergency Contact: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Doctor: _____

Address: _____

Phone Number: _____

Allergies or other Medical Condition:

As the parent or legal guardian of _____, I 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.

Signature of parent or legal guardian	Date

Tuition

\$800 (includes registration & book fee)

No child will be turned away due to lack of financial means. If needed please request a scholarship form.

You may choose from the following payment methods

- PLAN A: You may pay the entire amount in full.
- PLAN B: You pay the annual tuition on a monthly basis by submitting 10 checks of \$80 each, dated September through June. All checks must be submitted before the first day of Hebrew School.

Please include a minimum of \$75 with your application as a deposit (to be deducted from your tuition) to insure a space for your child.

Please make checks payable to: Chabad of Silver Spring and mail with registration form to 519 Lambertson Dr, Silver Spring, MD 20902