

Chabad Hebrew School of Coconut Grove

2011-2012 REGISTRATION & TUITION FORM

FAMILY INFORMATION

Family Name: _____ Home Address: _____

Father's Name: _____ Hebrew Name (if known): _____ Birthday: _____

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

Occupation: _____ Email: _____

Mother's Name: _____ Hebrew Name (if known): _____ Birthday: _____

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

Occupation: _____ Email: _____

STUDENT #1 INFORMATION

Family Name: _____ First Name: _____ Hebrew Name (if known): _____

Date of Birth: _____ Age: _____ Sex: _____

Name of School Attending : _____ Grade/Age (2011/2012): _____

Is the natural mother of the child Jewish? Were there any conversions or adoptions in the child's family?

If yes, please explain: _____

Has your child had any previous Hebrew education? _____ If yes, where? _____ Grades: _____ to _____

Does your child read basic Hebrew? _____

STUDENT #2 INFORMATION

Family Name: _____ First Name: _____ Hebrew Name (if known): _____

Date of Birth: _____ Age: _____ Sex: _____

Name of School Attending: _____ Grade/Age (2011/2012): _____

Is the natural mother of the child Jewish? Were there any conversions or adoptions in the child's family?

If yes, please explain: _____

Has your child had any previous Hebrew education? _____ If yes, where? _____ Grades: _____ to _____

Does your child read basic Hebrew? _____

MEDICAL INFORMATION

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

Contact #1: _____ Phone: _____ Relationship to child: _____

Contact #2: _____ Phone: _____ Relationship to child: _____

Family physician: _____ Phone: _____

Does your child have any allergies that his/her teacher should be aware of? _____

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

Signature of parent/legal guardian: _____ Relationship to child: _____ Date: _____

Phone: _____ Best Time: _____

TUITION AGREEMENT

Tuition for the 2011-2012 school year is \$770 per child.

Full payment plan must be submitted to the administration office before any child will be permitted to attend classes

Complete registration and payment plan by July 1st, 2011, and pay only \$725 per child! Special Siblings discount, 10% off!

Pay by check:

Option A: We agree to pay the full tuition of \$770 (before July 1st: \$725).

Enclosed is a check made payable to Chabad of the Grove for the full amount.

Option B: We choose to pay the tuition in two installments of \$385 each. Please submit all checks with the signed tuition agreement before the first day of Hebrew School.

Pay by credit card:

Option A: We agree to pay the full tuition of \$770 (before June 30: \$725) by credit card.

Option B: We agree to pay the tuition in 2 amounts of \$385 each, to be charged on September 1st and January 1st.

Name on Card: _____ Card Type: _____ Amount: \$770 / \$725

Card Number: _____ Expiration: _____ CVV Code: _____

Signature of parent/legal guardian: _____ Relationship to child: _____ Date: _____

**Please mail this form along with your check to the office
at 3713 Main Highway, Coconut Grove, FL 33133**

Spiritual Leader: Rabbi Y. Fellig • Hebrew School Director: Mrs. Chany Stolik

Office: 3713 Main Highway, Coconut Grove, 33133

9:30 am -12:00 pm Sundays

Tel: 304-445-5444 • Fax: 305-445-5264 • Email: hebrewschool@chabadmiami.com

www.MiamiHebrewSchool.com