



2016-2017 Hebrew School Application

Student Information

Name: _____

Hebrew Name: _____

Birth date: ____/____/____

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

What school does your child attend? _____ Grade Entering _____

Is the natural mother of the child Jewish? Yes No

Were there any conversions or adoptions in your family? Yes No If Yes please describes:

Additional comments or considerations: _____

Parent Information

Father's Name: _____

Home Phone Number: _____

Work Phone Number: _____

Mobile Phone: _____

Occupation: _____

Mother's Name: _____

Home Phone Number: _____

Work Phone Number: _____

Mobile Phone: _____

Occupation: _____

E-mail Address: _____

Address: _____

City, State, Zip _____



Emergency Information

Emergency Contact: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Doctor: _____

Address: _____

Phone Number: _____

Allergies or other Medical Condition: _____

As the parent(s) or legal guardian of _____, I/we authorize any adult acting on behalf of Chabad Center 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 Center 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 for publication while participating in Chabad Center Hebrew School activities.

Signature of parent or legal guardian

Date

Additional comments or concerns:

Please mail completed form to: Chabad Center of Raleigh Hebrew School
7400 Falls of Neuse Rd
Raleigh NC, 27615



Hebrew School Tuition Agreement

The following document is a tuition agreement for the Chabad Center Hebrew School. The agreement explains the tuition fees and payment plans. Please read it through carefully and sign it on the line below. The signed tuition agreement along with payment must be submitted to the school office before any child will be permitted to attend classes.

Tuition Fees 2016-2017:

Grades K-1 Sunday (9:30-11:30) at \$650 (members discount price \$400)

Grades 2-8 Sunday and Wednesday (4:45-6:15) \$750 (members discount price \$500)

Price includes books, crafts and facilities fees.

If you pay the entire amount in full by Aug. 28, **you'll receive a 5% discount off the member's rate of tuition.**

Siblings receive a 5% discount of every additional child's tuition

Payment Methods

Please check which method you will be paying:

PLAN A, in full: You may pay the **entire** amount in full with a check, cash or credit card by Sunday, August 28, 2016 **and receive a 5% discount off the member's rate.**

PLAN B, by Check: You may pay the entire tuition by check by submitting 10 postdated checks dated August through May. **All checks must be submitted at the time of registration.** *Checks should be made out to Chabad of Raleigh.*

PLAN C, by Credit Card: You may pay the entire tuition by credit card by filling out the information below. Your credit card will be billed monthly from August through May.

Credit Card Information: (Please note: There is a 2.5% surcharge for all credit card payments.)

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____

Billing Address: _____ Zip: _____

Signature: _____ Date: ____/____/____

If the above would present any difficulties, we are willing to help. To request financial aid, please call the Chabad Hebrew School office at 919-435-4962 or email rabbilev@jewishraleigh.org to request a financial aid application form. The form must be submitted by August 28, 2016 for consideration.

NO STUDENT WILL BE ADMITTED WITHOUT AN APPROVED PAYMENT PLAN WITH THE AGREED PAYMENT AMOUNT.

Refunds for children withdrawing from school before the end of the school year will be pro-rated up February 1 provided that the school office is given 30 days written notice. This does not include the \$100 registration fee. Tuition refunds will not be granted to children withdrawing from school after March 1. There are no refunds or credits for days missing due to illness, holidays, or family vacations.

I have read and agree to the terms outlined above.

Signature: _____ Date: _____

For Official Use Only: Processed By: _____ Date: _____