



A project of The Lori Schottenstein
Chabad Center

Chabad Hebrew School

2024-2025 Registration Form

Family Name:

Mother's Name: _____

Father's Name: _____

Mother's Hebrew Name: _____

Father's Hebrew Name: _____

Address: _____

Address: _____

City: _____ Zip: _____

City: _____ Zip: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Emergency Contacts

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Children's Pediatrician: _____ Phone: _____

Address: _____ City: _____

Insurance Company: _____ Policy #: _____

Contact for Emergency Medical Treatment

I give permission for emergency medical treatment, to be used only if I cannot be reached immediately.

Parent Signature: _____ Date: _____

Child 1

Enrolling in:

- Regular Hebrew School
- First Taste (ages 3-5)

Child's Name: _____ Hebrew Name: _____
 Date of Birth: _____ Time: _____ AM /PM Jewish Birthday: _____
 School: _____ Grade: _____
For new Students Enrolling: Hebrew Reading: None Somewhat Well
 Previous Jewish Education: Yes No If yes, where? _____
 Does the child have any special dietary needs, health situations, or any specific learning challenges?
 (Specify): _____

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Enrolling in:

- Regular Hebrew School
- First Taste (ages 3-5)

Child's Name: _____ Hebrew Name: _____
 Date of Birth: _____ Time: _____ AM /PM Jewish Birthday: _____
 School: _____ Grade: _____
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- Regular Hebrew School
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 Date of Birth: _____ Time: _____ AM /PM Jewish Birthday: _____
 School: _____ Grade: _____
For new Students Enrolling: Hebrew Reading: None Somewhat Well
 Previous Jewish Education: Yes No If yes, where? _____
 Does the child have any special dietary needs, health situations, or any specific learning challenges?
 (Specify): _____

Please list other children that are not enrolled in Chabad Hebrew School

Child's Name: _____ Child's Name: _____
 Hebrew Name: _____ Hebrew Name: _____
 Date of Birth: _____ Date of Birth: _____

Tuition

# of Children	Tuition x # of Children	
<input type="checkbox"/> First Taste (ages 3-5) member	\$430 _____	<input type="checkbox"/> I have completed my membership form* <input type="checkbox"/> Please contact me about paying in monthly or quarterly installments. <input type="checkbox"/> Scholarship assistance available upon request. Please indicate by checking the box if you're requesting scholarship assistance, and we will contact you to work out the details. Online form also available at columbuschabad.com . Please mail to: Chabad Hebrew School 6220 East Dublin-Granville Rd. New Albany, OH 43054
<input type="checkbox"/> First Taste (ages 3-5) non-member	\$530 _____	
<input type="checkbox"/> Member Regular*	\$830 _____	
<input type="checkbox"/> Non-Member Regular	\$1,230 _____	
<input type="checkbox"/> Pay by Installments	\$200 _____	
TOTAL TUITION**	_____	