



**David Hoffman
Chabad Hebrew School**
Hands On Learning
That Lasts A Lifetime

David Hoffman Chabad Hebrew School & Chabad Hebrew High

65 Pawnee Ave. | Rockaway, NJ 07866
Tel: 973-625-1525 Ext. 101 | Fax: 973-983-1129

Registration Form 5778 / 2017-18

Section I: FAMILY		
Family Name:	Phone:	
Address:	City:	Zip:
Were there any conversions or adoptions in the family? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide conversion documentation.		
Who can we thank for referring you to DHCHS?		

Section II: PARENTS		
MOTHER'S INFO		Hebrew Name:
Name:		Home Phone:
Occupation:		Work Phone:
Address: (If different)		Mobile Phone:
City	Zip	Email:
FATHER'S INFO (Leave common info blank)		Hebrew Name:
Name:		Home Phone:
Occupation:		Work Phone:
Address:		Mobile Phone:
City	Zip	Email:

Section III: EMERGENCY CONTACT	
Name:	Relation to Student(s):
Primary Phone:	Mobile Phone:

Section IV: STUDENT(S)			
STUDENT 1		Age:	DOB:
Name:		Last name:	
Hebrew Name:		Email:	
School:		Grade Entering:	
Hebrew Reading Skills: <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Good		Prior Jewish Education <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Quite a bit	
Any medical conditions and / or special learning needs, we should be aware of:			
Note:			

STUDENT 2		Age:	DOB:
Name:		Last name:	
Hebrew Name:		Email:	
School:		Grade Entering:	
Hebrew Reading Skills: <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Good		Prior Jewish Education <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Quite a bit	
Any medical conditions and / or special learning needs, we should be aware of:			
Note:			

STUDENT 3		Age:	DOB:
Name:		Last name:	
Hebrew Name:		Email:	
School:		Grade Entering:	
Hebrew Reading Skills: <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Good		Prior Jewish Education <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Quite a bit	
Any medical conditions and / or special learning needs, we should be aware of:			
Note:			

Times and Tuition Schedule

Tuition must be received by September 1, 2017.

Payments may be divided into four payments through December 31, 2017. All postdated checks must be handed in with the registration.

To schedule a payment plan please call Sarah Herson 973-625-1525 Ext.101

<u>Grade</u>	<u>Sunday</u>	<u>Wednesday</u>	<u>Tuition</u>	<u>Additional Child</u>
K – 2nd	10 am -12:15 pm	N/A	\$625	\$600
3rd and up	10 am - 12:15 pm	4:15 - 5:30	\$750	\$700

EARLY BIRD DISCOUNT: There is a discount of **\$50 per family**, for full tuition payments received by August 1.

As the parent(s) or legal guardian of the child/ren listed above, I/we authorize any adult acting on behalf of the David Hoffman 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, the David Hoffman Chabad Hebrew School personnel will make the appropriate effort, but are not required, to communicate with me prior to such treatment.

I hereby give permission for my child to attend all field trips and outings sponsored by Chabad Hebrew School.

Signature of parent or legal guardian

Date