



The Bertram and Beatrice King Chabad Hebrew School

Live It! Learn It! Love It!

2017 - 2018 Registration Application

Student Information

Child's Last Name: _____ Gender : M F

First Name: _____ Hebrew Name: _____

Street Address: _____ City: _____ Zip: _____

Birthday: ____/____/____ Time of Birth: _____ AM / PM Age: _____

School: _____ Grade: _____ Home Phone: (____) _____

Parent's Information

Father's Name: _____ Hebrew Name: _____

Father's Cell: _____ Father's Email: _____

Is Father: Kohen Levi Israel Neither

Mother's Name: _____ Hebrew Name: _____

Mother's Cell: _____ Mother's Email: _____

Is Mother: Born Jewish Jew by Choice Neither

Are you affiliated with any synagogue? Yes No If Yes, Which one(s) _____

Occupations| Father: _____ Mother: _____

Student Hebrew Education

Previous Hebrew Education: _____

Does your child read basic Hebrew? Alef-bet Letters Vowels Words Fluent

Does your child have a particular learning style or learning challenge?

Were there any conversions and/or adoptions in the family? Yes No

If yes, please explain _____

Medical Information

Are there any medical or other information which we should be aware of? (Confidential)



Emergency Contact Information

Person to be contacted in case of an emergency when parents cannot be reached.

Name: _____ Telephone # () - _____
Relationship to child: _____ City/Town _____
Family Physician: _____ Telephone # () - _____
Medical Insurance Co.: _____ Policy # _____

Medical Release Form

Participating in any Chabad Hebrew School activities and use of recreational facilities involves a risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by the Chabad Hebrew School I/We as an individual or as a parent/guardian of the participants named herein, assume all risk and hazards incidental to the activities and release from responsibility and agree to indemnify and hold harmless to the CHS /Chabad of Nashville, its officers ,directors, independent contractors, volunteers and all employees for any illness or injury to me, my children or family members occurring during his/her participation in any activities or any recreational facilities at/or conducted by CHS/Chabad of Nashville.

In case of emergency, I authorize Chabad Hebrew School to obtain medical treatment for children.

Signature of Parent: _____

Date: _____

Please mail or bring forms to:

The Bertram & Beatrice King Chabad Hebrew School
95 Bellevue Road, Nashville, TN 37221



Schedule and Tuition Information
2017-2018

The Bertram & Beatrice King Chabad Hebrew School welcomes children ages 3-13.

- We will meet for 26 Tuesday afternoons throughout the academic year from 4:00 pm – 5:30 pm. We will also have additional Shabbat/Saturday mornings from 11:10 am – 11:50 am for extra Aleph Champ reading and learning & experiencing the Torah portion and its values. Families are always invited to join the Shabbat Day lunch.
- A calendar for the year will be emailed to you upon receipt of this application.
- Our scholastic year includes seasonal extracurricular Jewish fun, art and multi-media activities with our in-house artist.

Tuition for year: \$650.00

Book fee: \$50.00

No child will be turned away for lack of funds. For more information, please inquire with the office.

HEBREW SCHOOL TUITION AGREEMENT 2017- 2018

The following document is a tuition agreement for The Bertram & Beatrice King Chabad Hebrew School. The agreement explains the tuition fees, payments plans and refund policies. Please read through it carefully and sign. The signed tuition agreement along with full payment must be submitted to the school office before any child will be permitted to attend classes.

The tuition for the Chabad Hebrew School is \$650.00 per year per child for the scholastic school year + the \$50.00 book fee. You may choose from the following payment methods:

PLAN A: You may pay the entire amount in full entitling you to a \$25.00 discount.

PLAN B: You may pay the tuition in two installments. All checks should be submitted by the first day of Hebrew School.

You may use your Visa, Discover, American Express or Master Card to pay the tuition. To do so, please **pay online** at chabادنashville.com/CHSPayment or **fill out the form below**.

Please sign indicating that you've read and agree to this tuition agreement:

Signature:

Date:

Credit Card Information			
Credit Card payments can also be made at chabادنashville.com/CHSPayment			
• Visa	• Discover	• MasterCard	• American Express
Card Number: _____			
Name on Card: _____			
Expiration Date: _____ / _____		Amount to be Charged: \$ _____.	
Billing Address: _____			
<small>Street Address</small>		<small>City</small>	<small>State</small>
		<small>Zip</small>	
Signature: _____		Date: _____	
<i>By signing, you are authorizing this credit card to be charged the amount indicated above.</i>			