

# CHABAD OF PORT WASHINGTON HEBREW SCHOOL

## 2019 - 2020 ENROLLMENT AND TUITION FORM

### STUDENT INFORMATION

**Child 1:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Hebrew Name (if known): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male / Female

Name of School Attending (2019/20) \_\_\_\_\_ Grade (2019/20): \_\_\_\_\_

**Child 2:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Hebrew Name (if known): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male / Female

Name of School Attending (2019/20) \_\_\_\_\_ Grade (2019/20): \_\_\_\_\_

**Family:** Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### PARENT INFORMATION

Fathers Name: \_\_\_\_\_ Hebrew Name (if known): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Hebrew Name (if known): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Is the natural mother of the child(ren) Jewish? Yes \_\_\_ No \_\_\_ Were there any conversions or adoptions in the family? Yes \_\_\_ No \_\_\_

If referred, who can we thank for referring you? \_\_\_\_\_

### MEDICAL/CONSENT INFORMATION

Persons to be contacted in case of an emergency when parents cannot be reached (*please provide at least two contacts*):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

In an emergency when you cannot reach either parent, I authorize the school to call:

Family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

*I hereby consent to the administration of Chabad Hebrew School to take whatever medical measures they deem necessary for my child if I cannot be reached in the event of a medical emergency. I consent to my child attending HS trips with the transportation provided and allow my child to be photographed while participating in Hebrew School activities and that these pictures may be used for marketing purposes.*

Signature of parent or legal guardian: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

## TUITION AGREEMENT

The following document is a tuition agreement for the Chabad Hebrew School. The agreement explains the tuition fees, payments plans and refund policies. Please read it through carefully and sign it on the signature line below. The signed tuition agreement must be submitted to the school office before any child will be permitted to attend classes. Refunds for children withdrawing from school before the end of the school year will be granted provided that the school office is given 30 days written notice. Tuition refunds will not be granted to children withdrawing from school after April 1st. A limited number of scholarships are available upon request; no child will be turned away for lack of funds.

- We are **members** of Chabad of Port Washington. **We agree to pay tuition of \$495 for the school year per student.**
- We are **not members** of Chabad of Port Washington. **We agree to pay tuition of \$895 for the school year per student + \$100 security fee per family.**

**Take \$100 off per each child you refer to Hebrew School!**

*Conditions:* 1. The credit of \$100 will be submitted once the new students are enrolled and paid. 2. Each referred family can be claimed by only one existing family. 3. You may refer an unlimited amount of children!

PAYMENT METHOD:	
<input type="checkbox"/> <b>CHECK</b>  <input type="checkbox"/> I am enclosing a check for the <b>full payment</b> of \$_____. <input type="checkbox"/> I will submit <b>10 equal payments</b> of \$_____. I will send a check on the first of each month August - May.  Checks should be made payable to Chabad of Port Washington	<input type="checkbox"/> <b>CREDIT CARD</b>  Card Number _____ Expiration _____ <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Please charge my card now for the <b>full payment</b> of \$_____. <input type="checkbox"/> Please charge my card <b>10 Equal payments</b> of \$_____ on the first of each month August - May.

**This contract is entire and not divisible.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_



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