



Daniel Levey Chabad Hebrew School

under the auspices of Chabad Lubavitch of Hawaii

Bringing Judaism to life!

Registration Form

2017-2018/ 5778

Please print clearly:

Part I: Student's Information

Last Name: _____ First Name: _____ Male ___ Female ___
 Hebrew Name: _____ Phone: _____ (Child's) e-mail: _____
 Address: _____ Zip Code: _____
 School: _____ Grade: _____ Age: _____ Birthday: ___/___/___
 Time of Birth _____ (before or after sunset— pertinent to calculating Jewish birth date)

Part II: Family Information

Father — Name: _____	Mother — Name: _____
e-mail (Father): _____	e-mail (Mother): _____
Home phone: _____ Cell: _____	Home phone: _____ Cell: _____
Work phone : _____ Fax: _____	Work phone : _____ Fax: _____
Synagogue (if any): _____	Hebrew name _____

SIBLINGS - please complete if applicable:

Name: _____ Age: ___ Name: _____ Age: ___ Name: _____ Age: ___

Is the child adopted? YES ___ NO ___

If yes, was she/he born to the Jewish faith? YES ___ NO ___

Was the child's mother born to the Jewish faith? YES ___ NO ___

If there have been any conversions to Judaism in the family, please complete:

Who converted (grandparent, parent, child)? _____

Type of conversion (Orthodox, Conservative, Reform) _____

Name of rabbi / Beit Din that did conversion: _____

Address or telephone (preferable) of conversion rabbi/beit din: _____

_____ Date of conversion: _____

Part III: Jewish Education

Does your child read Hebrew? ___ None ___ Somewhat ___ Well

Does your child speak/understand Hebrew? ___ None ___ Somewhat ___ Well

Does your child have any learning difficulties with general studies? ___ Yes ___ No

If yes, please describe: _____

Child's previous Jewish education (if any): _____



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Part IV: Tuition

Hebrew School Tuition- \$600 Snack and supply fee- \$75 Maintenance Fee*- \$25 Total- \$700
Hebrew High Tuition- \$675 Snack and supply fee- \$100 Maintenance Fee*- \$25 Total- \$800
(*To cover the cost of wear and tear and damages to school/Chabad property)

Discount of 5% from second child’s tuition when enrolling more than one child.

Please check your choice for method of payment:

- Full payment enclosed. **Please take \$25 discount.**
- Two payments enclosed dated 3/11/18 and 4/15/18.
- Four payments enclosed dated 3/11/18; 3/25/18; 4/15/18 , and 4/29/18

YOU CAN MAKE CC. PAYMENTS & DIVIDE YOUR PAYMENTS ON DATES THAT WORK FOR YOU AS LONG AS FULL TUITION IS PAID BEFORE MAY 1. PLEASE SPECIFY on the next page.

N/A THIS YEAR: Credit Card payments: \$100.00 for Hebrew School students and \$115.00 for Hebrew High students, billed monthly October through April. Please fill in your information on the next page

I am interested in applying for a scholarship. Please call me to discuss payment plan.

Please submit all checks with application, upon receipt. Please make checks payable to Chabad of Hawaii.

Part V: Medical / Emergency Information *(confidential)*

Family physician: _____ Phone: _____

Hawaii Health Insurance plan: _____ Policy #: _____

Is there any medical or other information (allergies, etc.) regarding your child that our school should be aware of? _____

Persons to be contacted in case of an emergency (when parents cannot be reached):

Name: _____ Relationship to child: _____

Phones—home/cell/business: _____

Name: _____ Relationship to child: _____

Phones—home/cell/business: _____

Medical Release Form:

I hereby consent to the staff of the Daniel Levey Chabad Hebrew School / Chabad of Hawaii to take whatever medical measures they deem necessary for my child in the event of a medical emergency. I agree to hold Chabad of Hawaii, the physician and/or the hospital treating the above mentioned minor, harmless.

Photo Release

Photos taken throughout the year may be used for promotional purposes.

Signature of Parent or Guardian: _____ Date: _____



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CHABAD HEBREW SCHOOL 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 line marked signature. 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 + fees for the Chabad Hebrew School are \$700 per year per child and Hebrew High students- \$800 (this includes a registration & book fee). There is a 5% discount off of the regular tuition for each additional child of the same family.

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 off of the regular tuition.
- PLAN B: Two payments enclosed dated 3/11/18 and 4/15/18.
- PLAN C: Four payments enclosed dated 3/11/18; 3/25/18; 4/15/18 , and 4/29/18
- PLAN D: YOU CAN DIVIDE YOUR PAYMENTS ON DATES THAT WORK FOR YOU AS LONG AS FULL TUITION IS PAID BEFORE MAY 1. PPLEASE SPECIFY BELOW.

Prorated 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 March 1st.

Signature of Parent or Guardian: _____ Date: _____

Credit Card Information:

- Visa
- MasterCard
- American Express
- Discover

Card Number: _____

Name on Card: _____

Expiration Date: ____/____/____

Billing Address: _____

Security Code: _____

Signature: _____



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SCHOLARSHIP APPLICATION

Personal 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: _____

Address: _____
 City, State, Zip _____

Financial Information

Do you Own Rent Monthly rent or mortgage payments: \$ _____

Employer's Name, Address and Telephone number of:
 Father: _____

 Mother _____

Current gross monthly earnings: Father: \$ _____ Mother: \$ _____

Number of children in family: _____
 Does your child (ren) attend private school? Yes No If Yes, Name of school:

Tuition per school year: \$ _____

I can afford to pay a total of \$ _____ per month for my child(ren) to attend the Chabad Hebrew School.