



A Project of East Brunswick Chabad

Location: 3 Lexington Avenue, E. Brunswick, NJ 08816 | Mailing: POB 6362 E. Brunswick, NJ 08816
732.333.3220 • www.EBchabad.com • om@ebchabad.com

Chai Central Hebrew School Registration Form 2017-2018

Child Information

1st Child: Last Name _____ First Name _____ Hebrew Name _____

Date of Birth _____ Approx. time of birth* _____ Grade Entering _____

2nd Child: Last Name: _____ First Name _____ Hebrew Name _____

Date of Birth _____ App. Time of Birth _____ Grade Entering _____

Address _____ City _____ Zip _____

Home Phone _____ Language used at home _____

*Necessary in order to determine Hebrew birthday

Parents Information

Father's Name _____ Hebrew Name _____

Work Address _____ Work Phone _____ Occupation _____

Home Address _____ City/Zip _____

Mother's Name _____ Hebrew Name _____

Work Address _____ Work Phone _____ Occupation _____

Home Address _____ City/Zip _____

Father's Email: _____ Mother's Email: _____

Father's Cell # _____ Mother's Cell # _____

Medical Information

Family Doctor _____ Phone _____

Health Insurance ID #/Group/Company _____ Date Effective _____
Y M D

If child has any known health problems, indicate what they are: _____

Comments or instructions for care giver (check appropriate ones):

Medication Allergies Vision or Hearing Problems

Special instructions from parent or health care professional: _____

Indicate any illness or medical disabilities your child has: _____

Alternate person to call in case of emergency / Authorized to pick up child from facility

Name _____ Relationship _____ Phone _____ Emergency Pick up

Name _____ Relationship _____ Phone _____ Emergency Pick up

Name _____ Relationship _____ Phone _____ Emergency Pick up

Other children living at home

Name _____	Date of Birth _____
Name _____	Date of Birth _____ Y M D
Name _____	Date of Birth _____ Y M D
<small>Surname if not same as child enrolled</small>	Date of Birth _____ Y M D

Tuition

The following is a tuition agreement for Chai Central Hebrew School. The agreement explains the tuition fees, payment plans and refund policies. Please read it through carefully.

The tuition for Chai Central is \$825. *Discounts:* There is a **\$100 Sibling Discount** off of the annual tuition for each additional child of the same family. There is a **\$50 Refer-A-Friend Discount** for each child of another family you successfully introduce to the Chabad Hebrew School. Register by June 9, 2017 to receive an **Early Bird Discount of \$75**.

Tuition includes all books, materials, snacks, and prizes. Tuition payments are due the 1st of each month. Tuition may be paid by either check or credit card. Note a 3% credit card fee. Tuition is non-refundable.

You may choose from the following payment methods:

- PLAN A: You may pay the entire amount in full with a check, cash or credit card.
- PLAN B: You may pay the annual tuition on a monthly basis by submitting 10 post-dated checks dated August through April.
- PLAN C: You may pay the annual tuition by providing a credit card that will be charged at the beginning of each month.

Credit Card Information:

Name on Card: _____ CC# _____

Exp. Date: _____ CVV2#: _____ Billing Zip Code: _____

As the parent(s) or legal guardian of the above child(ren), I/we authorize any adult acting on behalf of Chabad Hebrew School to hospitalize or secure treatment for my child(ren), I further agree to pay all charges for that care and/or treatment. It is understood that if time and circumstances reasonably permit, Chabad Hebrew School personnel will try, but are not required, to communicate with me prior to such treatment. I hereby give permission for my child(ren) to participate in all school activities, join in class and school trips on and beyond school properties and allow my child(ren) to be photographed while participating in Chabad Hebrew School activities.

This is to certify that I/we have read, understand and agree to the obligations and rules set forth in this form and the Parent Handbook.

→ Parent Signature _____ Date _____