



Chabad Hebrew School of Venetian Islands

2022-2023 REGISTRATION & TUITION FORM

FAMILY INFORMATION

Family Name: _____ Home Address: _____ / _____ / _____

Father's Name: _____ Hebrew Name (if known): _____

Home Telephone: _____ Work Telephone: _____ Cell Phone: _____

Occupation: _____ Email: _____

Mother's Name: _____ Hebrew Name (if known): _____

Home Telephone: _____ Work Telephone: _____ Cell Phone: _____

Occupation: _____ Email: _____

STUDENT #1 INFORMATION

Family Name: _____ First Name: _____ Hebrew Name (if known): _____

Date of Birth: ____/____/____ Time: ____:____ ☐am ☐pm Age: _____ Gender: _____

Name of School Attending: _____ Grade entering: _____ Age: _____

Is the natural mother of the child Jewish? _____ Were there any conversions or adoptions in the child's family? _____

If yes, please explain: _____

Has your child had any previous Hebrew education? _____ If yes, where? _____ Grades: ____ to ____

Does your child read basic Hebrew? _____ My child is a: ☐ Kohen ☐ Levi ☐ Yisroel ☐ Not sure

STUDENT #2 INFORMATION

Family Name: _____ First Name: _____ Hebrew Name (if known): _____

Date of Birth: ____/____/____ Time: ____:____ ☐am ☐pm Age: _____ Gender: _____

Name of School Attending: _____ Grade entering: _____ Age: _____

Is the natural mother of the child Jewish? _____ Were there any conversions or adoptions in the child's family? _____

If yes, please explain: _____

Has your child had any previous Hebrew education? _____ If yes, where? _____ Grades: ____ to ____

Does your child read basic Hebrew? _____ My child is a: ☐ Kohen ☐ Levi ☐ Yisroel ☐ Not sure

MEDICAL INFORMATION

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

Contact #1: _____ Phone: _____ Relationship to child: _____

Contact #2: _____ Phone: _____ Relationship to child: _____

Family Physician: _____ Phone: _____

Does your child have any allergies that his/her teacher should be aware of? _____

I hereby consent to the administration of Chabad Hebrew School to take whatever medical measures they deem necessary for my child, in the event of a medical emergency.

Signature of parent/legal guardian: _____ Relationship to child: _____ Date: _____

Phone: _____ Best Time: _____

TUITION AGREEMENT

Sunday Hebrew School: \$770 per child (includes supplies and book fee)

Full payment plan must be submitted to the administration office before any child will be permitted to attend classes.

Early Bird Special - 10% off when you register by May 22

Sibling Discount - 10% off for each additional child

Refer a friend and save 10% per family! (Friend must be new to Hebrew School and will be registering their child for this coming year)

Name of Family Referring _____

Pay by check:

☐ **Option A:** We agree to pay the full tuition.

Enclosed is a check made payable to Chabad of Venetian Islands for the full amount.

☐ **Option B:** We choose to pay the tuition in two installments

Please submit all checks with the signed tuition agreement before the first day of Hebrew School.

Pay by credit card:

☐ **Option C:** We agree to pay the full tuition by credit card.

☐ **Option D:** We agree to pay the tuition in 2 amounts to be charged on September 1 and January 2 .

Name on Card: _____ Card Type: _____ Amount: \$ _____

Card Number: _____ Expiration: _____ CVV Code: _____

Signature of parent/legal guardian: _____ Relationship to child: _____ Date: _____

Please mail or drop off this form along with your check/credit card information to the office at 14 Farrey Lane – Island Ave, Miami Beach, FL 33139

Spiritual Leader: Rabbi S. Mann • Hebrew School Director: Mrs. Tzippy Mann

Office: 14 Farrey Lane – Island Ave, Miami Beach, FL 33139

Sundays 10:00 AM-12:30 PM • Wednesdays 3:30-5:30PM

Tel: 304-674-8400 • Email: Tzippy@ChabadVenetian.com

www.ChabadVenetian.com