



CHABAD HEBREW SCHOOL ^{בס"ד}

A Project of
Chabad Lubavitch of Alexandria-Arlington

REGISTRATION FORM

Name: Child #1 _____ Hebrew Name _____
Child #2 _____ Hebrew Name _____
Child #3 _____ Hebrew Name _____

Age and Grade (as of 9/01/12): Child #1: Date of Birth ____/____/____ Grade ____
Child #2: Date of Birth ____/____/____ Grade ____
Child #3: Date of Birth ____/____/____ Grade ____

Previous Hebrew Education: Child #1 _____ No. of Years ____
Child #2 _____ No. of Years ____
Child #3 _____ No. of Years ____

Other Children Living at Home (Names and Ages) _____

Family Information:

Father's Name _____ Mother's Name _____
Hebrew Name _____ Hebrew Name _____
Address _____ Address _____
City _____ ST _____ ZIP _____ City _____ ST _____ ZIP _____
Phone: Home _____ Work _____ Phone: Home _____ Work _____
Cell: _____ Cell: _____
Email: _____ Email: _____
Occupation: _____ Occupation: _____

Were there any conversions or adoptions in your family? _____
Explain _____

Are the birth parents of the child/ren Jewish? Mother _____ Father _____

Medical Info: Is there any special medical or other information regarding your child, which our school should be aware of? (if more space is needed please use other side) _____

Does your child have any learning difficulties with general studies? _____

Emergency Contact: Name _____ Phone: _____ Relation _____

I hereby permit my child/ren to participate in all school activities and join in school trips on and beyond school properties. In case of emergency, I hereby authorize the school to have my child/ren taken care of by a physician in any way the situation may call for.

Parent's Signature _____ Date _____

- I would be willing to help in school activities
- I would be willing to assist in fundraising activities
- Please do not include me in the school directory

"Linking our past with our future"

Mail Form To: Chabad Hebrew School, 3213 Duke Street #630, Alexandria, VA 22314
703-370-2774 Fax: 703-370-2721
www.chabadAA.org



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TUITION FORM

Name: Child #1 _____ Grade _____
Child #2 _____ Grade _____
Child #3 _____ Grade _____

Tuition:

Grades K-6..... \$575.00

Early bird registration \$525 if registered by July 15

Optional Advanced Learning Program (Grades 3-6).....\$775.00

Early bird registration \$725 if registered by July 15

(Younger siblings, who are students of Chabad Hebrew School, are welcome to stay for supervised play while their older siblings complete their lessons. Gratis)

Please choose one of the payment plans:

Option #1 ___ Enclosed please find my full payment of \$_____, Due Sept. 1st

Option #2 ___ I will be paying the tuition in ten installments of \$_____

Option #3 ___ I will be paying the tuition in two installments of \$_____

Payment #1 due September 1st

Payment #2 due January 1st

Please make checks payable to: **Chabad Lubavitch of Alexandria-Arlington**
and mail it to: 3213 Duke Street #630, Alexandria, VA 22314

*If for any reason you cannot commit to one of the above options
please contact our office to arrange a personal payment plan.*

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