



# Chabad Hebrew School

Of Cutler Bay & Homestead  
Your home for everything Jewish!

Dear Parents,

Imagine a Hebrew School where kids don't want to miss a day. They come in with a smile and leave humming a Hebrew song. Walking through the school, you can hear the sounds of lively discussion, of singing, laughter and learning. Imagine a child who feels the warmth and spirit of Judaism. Imagine the pride of his/her parents.

Welcome to Chabad Hebrew School, an exciting and innovative educational program in Cutler Bay & Homestead. Our school enjoys a well-earned reputation as a trend setter in creative Jewish education for children in grades Kindergarten through 7. CHS boasts a dynamic staff, interested students and an array of exciting programs for youth and families. Our student body is made up of children from various backgrounds and affiliations. Tuition is affordable and synagogue membership is not required.

We are confident that by the year's end, along with Hebrew reading, learning about the holidays, and other Jewish topics, your child will have developed a deep love and respect for our precious heritage, as well as a strong Jewish pride. At Chabad we make Hebrew School the beginning of Jewish learning, not the end.

I am available anytime to answer any questions, discuss anything regarding Hebrew School or any of our programs for youth & families, or to schedule a tour of our facility. You can also visit us online at [www.ChabadHomeBay.com](http://www.ChabadHomeBay.com)

Looking forward to an enjoyable and successful school year together.

Sincerely,

Mrs. Mindy Wolff  
Director



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## Registration Quick Pass

2018-2019/ 5779

*Please fill out a separate form for each child.*

### Part I: Student's Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  Male  Female

Hebrew Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (Child's) e-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ Grade entering in Sept: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_

### Part II: Parents' Information

Father's Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail (Father): \_\_\_\_\_

Work phone (Father): \_\_\_\_\_ cell (Father): \_\_\_\_\_ Work phone (Mother): \_\_\_\_\_

Cell (Mother): \_\_\_\_\_ e-mail (Mother): \_\_\_\_\_ Synagogue (if any): \_\_\_\_\_

### Part III:

#### Tuition

- Sunday 10:00 A.M to 12:00 P.M. @ \$800 per year

*Please check your choice for method of payment:*

- Full payment enclosed
- Two post-dated payments Amount \$ \_\_\_\_\_ (2 times)  
Sept/2/18 and Jan/06/19
- 10 payments Amount \$80 on the 1<sup>st</sup> of the Month.
- Please contact me for personal payment plan.

*Please make checks payable to Chabad of Homestead.*

*We accept credit card. Log onto [chabadhomebay.com/CHS](http://chabadhomebay.com/CHS).*





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## Part IV: Medical Information *(confidential)*

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

Up to date with vaccinations?  Yes  No

Health Insurance #: \_\_\_\_\_

Group #: \_\_\_\_\_

ID #: \_\_\_\_\_

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

### *Person to be contacted in case of an emergency (when parents cannot be reached):*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### *Medical Release Form:*

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 or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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## Child 2

### Part I: Student's Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  Male  Female

Hebrew Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (Child's) e-mail: \_\_\_\_\_

School: \_\_\_\_\_ Grade entering in Sept: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_

### Part II: Medical Information *(confidential)*

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

Up to date with vaccinations?  Yes  No

Health Insurance #: \_\_\_\_\_

Group #: \_\_\_\_\_

ID #: \_\_\_\_\_

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

#### *Person to be contacted in case of an emergency (when parents cannot be reached):*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_