



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

Looking forward to an enjoyable and successful school year together.

Sincerely,

Mrs. Mindy Wolff
Director



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Registration Quick Pass

2019-2020/ 5780

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/15/18 and Jan/05/19
- 10 payments Amount \$80 on the 1st 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.



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Tuition Agreement:

- I agree to pay any balance according to the terms of agreement outlined above.
- I hereby give permission for my child to participate in all school activities, join in class and school trips on and beyond school properties and allow my child to be photographed while participating in Chabad Hebrew School activities and that these pictures may be used for marketing purposes.

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: _____

Medical Release Form:

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