

ב"ה

# HEBREW SCHOOL

## Of the ARTS

Registration Application 2016-17

### Student Information

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

Hebrew Name: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_  AM  PM

Does your child read basic Hebrew?  Yes  No If Yes:  Good  Fair  Poor

What school does your child attend? \_\_\_\_\_

Does your child have any difficulties with his general studies? \_\_\_\_\_

Is the biological mother of the child Jewish?  Yes  No

Were there any conversions or adoptions in your family?  Yes  No If Yes please describe:

\_\_\_\_\_

### Parents Information

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

Home Phone : \_\_\_\_\_ Work Phone : \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Home Phone : \_\_\_\_\_ Work Phone : \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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### Emergency Information

Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Allergies or other Medical Condition:

\_\_\_\_\_

\_\_\_\_\_

Additional Person authorized to pick up your child:

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

### Tuition

Tuition \$650 (includes \$50 registration, t-shirt & book fee)

I have applied for a scholarship and am able to pay \$\_\_\_\_\_.

No child will be turned away due to lack of funds. If additional funding is needed, please request a scholarship form

**Please check one of the following payment methods:**

**PLAN A:** You may pay the entire amount in full.

**PLAN B:** You pay the annual tuition on a monthly basis by submitting 10 checks, dated September through May. All checks must be submitted before the first day of Hebrew School.

**PLAN C:** You pay the annual tuition on a monthly basis by having you credit card charged each month.

**\$50.00 (Registration & book fee) must be submitted with Registration application.**

Please make checks payable to: Chabad of Venice & North Port

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_