



## TKIA Chabad Hebrew School of Venetian Islands

2019-2020 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

Tuition for the 2019-2020 school year is \$770 per child.

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

**\$50 discount early-bird by July 1<sup>st</sup>**

**Siblings discount - 10% for each additional child**

Pay by check:

**Option A:** We agree to pay the full tuition of \$770 (\$720 before July 1st)

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 of \$385 each (\$360 each before July 1st). 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 of \$770 (\$720 before July 1st) by credit card.

**Option D:** We agree to pay the tuition in 2 amounts of \$385 each (\$360 each before July 1st), to be charged on September 11<sup>th</sup> and January 2<sup>nd</sup>

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 info 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

10:00 am-12:30 pm Sundays

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

www.ChabadVenetian.com