



Chabad Hebrew School of Venetian Islands

2020-2021 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. I will inform Chabad Hebrew School throughout the year if any family members have been exposed to or have any symptoms associated with COVID, such as fever, difficulty breathing, coughing or loss of smell.

Signature of parent/legal guardian: _____ Relationship to child: _____ Date: _____

Phone: _____ Best Time: _____

TUITION AGREEMENT

Which Hebrew School track will your child attend?

Sunday \$770 per child

Wednesday \$650 per child

Combined Track \$1300 per child

Tuition includes supplies and book fee.

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

Sibling Discount - 10% for each additional child

Pay by check:

Option A: We agree to pay the full tuition.

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 (Sunday: \$385 | Wednesday: \$325 | Combined Track: \$650).

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 by credit card.

Option D: We agree to pay the tuition in 2 amounts (Sunday: \$385 | Wednesday: \$325 | Combined Track: \$650), to be charged on September 6th and January 3rd.

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 information 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

Sundays 10:00 AM-12:30 PM • Wednesdays 3:30-5:30PM

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

www.ChabadVenetian.com