

Dear Parents,

Thank you for your interest in Chabad-Lubavitch of Boynton Hebrew School. We are currently planning for another great year at our school.

Enclosed please find our registration package. **It is imperative that you send in the registration forms with all the necessary information as soon as possible.**

As you know, we passionately believe that your child's Jewish learning should be fun, upbeat and interesting. We strive to make each day exciting and each lesson relevant and stimulating. Our hands-on learning style will allow the children to experience living Judaism.

In order to successfully implement our goals, a home-school partnership is important. We seek your genuine cooperation and active participation.

At Chabad-Lubavitch Hebrew School we welcome families of all backgrounds and affiliation. Tuition is always affordable, and there is no mandatory membership fees.

Should you have any questions, please feel free to call upon me.

Wishing you a happy, healthy and restful summer.

Sincerely yours,

Rebbetzin Dinie Ciment

RDC/nk
encl:

Family Name : _____ Cell Phone # : _____

Address: _____

City: _____ Zip : _____ Telephone #: _____

E-Mail Address: _____

Application check list:

Names of child/children registering:

I have completed the following information:

- Part I: Student's Information**
- Part II: Parent Information**
- Part III: Hebrew Education**
- Part IV: Medical Information**
- Part V: Payment Information (must be included)**
- Kippa and Tzitzit Order Form**

- PLEASE CALL ME TO VOLUNTEER FOR HEBREW SCHOOL***

Chabad Hebrew School of Boynton Beach and Delray Beach
10655 El Clair Ranch Road
P.O. Box 740934
Boynton Beach, Florida 33474
561.732.4633 - Fax 561.732.4653
cimentsjh@cs.com

**REGISTRATION FORM
2006-2007**

Please print clearly

Part I: Student's Information

Child 1

Last Name: _____ First Name: _____ Male Female

Hebrew Name : _____ Birthday : _____ Phone #: _____

Address: _____ City: _____ Zip: _____

Child's E-Mail: _____ School: _____ Grade: _____ Age: _____

Child 2

Last Name: _____ First Name: _____ Male Female

Hebrew Name : _____ Birthday : _____ Phone #: _____

Address: _____ City: _____ Zip: _____

Child's E-Mail: _____ School: _____ Grade: _____ Age: _____

Part II: Parents' Information

Father's Name: _____ Hebrew Name: _____

Mother's Name : _____ Hebrew Name: _____

Home Phone#: _____ Cell #: _____

E-Mail : _____

Synagogue Affiliation, if any: _____

Part III: Hebrew Education

Does your child read Hebrew: None Somewhat Well

Does your child speak/understand Hebrew? None Somewhat Well

Does your child have any learning difficulties with general studies: Yes No

If yes, please describe: _____

Child's previous Hebrew education, if any: _____

Were there any conversions and/or adoptions in the family? Yes No

If yes, please explain: _____

Is the mother of the student born Jewish? Yes No

Part IV: Medical Information (*confidential*)

Family Physician: _____ Telephone #: _____

Up to date with vaccinations: Yes No

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: _____ Telephone #: _____

Relationship to child: _____

Medical Release Form: I hereby consent to the administration of Chabad-Lubavitch Hebrew School to take whatever medical measures they deem necessary for my child in the event of a medical emergency.

Signature of Parent of Guardian: _____ ***Date:*** _____

Part V: Payment Information

PLEASE NOTE: PAYMENT MUST BE INCLUDED WITH THIS REGISTRATION

Enclosed please find payment for 2006-2007 Hebrew School.

Check for \$575.00 PLUS \$45.00 registration fee= \$620.00 (\$1240 maximum family)

2 checks **One Child** - (first one for \$332.50 and one for \$287.50 to be cashed 01/07 or **Family** \$620 first check - \$620 to be cashed 01/07)

Please charge my credit card the one time fee of \$620.00 per child (includes registration fee)

Please charge my credit card *monthly* - one time \$102.50 (first month) then \$57.50 monthly for one child or \$124 monthly for Family

Credit Card Information: Mastercard Visa American Express

Credit Card #: _____ Expiration Date ____/____

Name on Credit Card: _____ Date: _____

Authorized Amount \$: _____ Signature : _____

If financial assistance is necessary, please contact our office for scholarship application.

*Chabad Hebrew School of Boynton Beach and Delray Beach
10655 El Clair Ranch Road
P.O. Box 740934
Boynton Beach, Florida 33474
561.732.4633 - Fax 561.732.4653
cimentsb@cs.com*

Kippa and Tzitzit Order Form

(For Boys only)

Please note: If previously purchased, no need to re-order

PLEASE ORDER AS SOON AS POSSIBLE

Tzitzit @ \$10.00 each

Name of Child: _____ Age _____ Quantity _____

Name of Child: _____ Age _____ Quantity _____

Velvet Hand Painted Kippa @ \$10.00 each

Name of Child: _____ Age _____ Quantity _____

Name of Child: _____ Age _____ Quantity _____

Family Name : _____ Cell Phone #: _____

Address: _____ Telephone #: _____

City: _____ Zip: _____ E-Mail Address: _____

Tzitzit Total \$ _____

Kippa Total \$ _____

TOTAL \$ _____

Check Enclosed

Cash Enclosed

Charge My Credit Card: Mastercard Visa American Express

Credit Card #: _____ Expiration Date ____/____

Name on Credit Card: _____ Date: _____

Authorized Amount \$: _____ Signature : _____

CALENDAR 2006 - 2007

Hebrew School Hours: Sunday 9:30 AM - 12:00 PM

September 10	First Day
September 24	No School -Rosh Hashanah
October 1	No School - Eve Yom Kippur
October 8 - 15	Sukkot - Simchat Torah
November 26	No School - Thanksgiving Weekend
December 24 - January 7	No School - Winter Break
February 11	No School - Teachers Conference
March 4	Purim Family Fun Day
April 1 - 8	No School - Passover
May 6	Lag B'Omer Family Picnic
May 20	Graduation