



457 N. Woods Mill Rd. Chesterfield, Mo 63017 314-862-2474

HEBREW SCHOOL REGISTRATION 2010-2011

Please print clearly when filling out the following form.

Parent/Family Information

Mother Name: _____ **Marital Status:** Married Separated Divorced Other

Address: _____
Street City State Zip

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email Address:** _____
(Please note: any notifications will be sent via email, including schedule changes/cancellations)

Mother's Hebrew Name: _____

Father Name: _____ **Marital Status:** Married Separated Divorced Other

Address: _____
Street City State Zip

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email Address:** _____
(Please note: any notifications will be sent via email, including schedule changes/cancellations)

Father's Hebrew Name: _____

Are you affiliated with a Synagogue or Temple? If yes, which one?: _____

Student Information

Name(s) of Student(s) To be enrolled	DOB	Grade(Sep 10)	Please choose one:
_____	_____	_____	Sun morning only <input type="checkbox"/> Sun morning & Tues afternoon <input type="checkbox"/>
_____	_____	_____	Sun morning only <input type="checkbox"/> Sun morning & Tues afternoon <input type="checkbox"/>
_____	_____	_____	Sun morning only <input type="checkbox"/> Sun morning & Tues afternoon <input type="checkbox"/>

(Please note: the Sunday morning & Tuesday afternoon option is only available (and strongly encouraged) for students in 2nd grade and up)

Name(s) & Ages of Siblings: _____



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Tuition And Deposit Information : Per Child

Please complete one for each child:

Child's Name: _____

Please initial one of the following tuition options:

Tuition is \$700 for Hebrew School year plus \$25 Registration fee w/application.

Payment options:

_____ *1)\$50 prepayment discount for 2010-2011 School year if paid by August 29

_____ *2)\$700 for Year, payable in 2 installments:
\$350 by August 29, 2010, \$350 by January 9, 2011

_____ * 3) Automatic credit card charge or post dated checks:
\$72 per month Aug '10 – May '11

BONUS
\$50 off tuition for referral
of a new family

*Early registration special: If registered by August 20, 2010, you may use pre-payment rate of \$650 and still use payment plan options

Please Note: There is an additional tuition fee of \$250 for students attending on Tuesday evenings.

Please Note: Limited scholarships are available due to the generosity of the family of Emily & Shelley Grafman who have established a Hebrew school scholarship fund in their name. Please contact Rabbi Yosef David directly at 314-862-2474 ext 106. (based on available funds and family need)

Parent's signature

Date

If you would like to pay by credit card please fill in the following or call the office with your credit card information, 314-862-2474.

Credit Card #: _____

Exp. Date: _____ **Name as it appears on the credit card:** _____

How would you like the payment breakdown to occur? _____

FOR OFFICE USE ONLY		
Date Application Received: _____	Amount Paid \$ _____	Date of Payment _____
Total amount due: _____	Payment Type _____	Balance Due \$ _____
Notes:		



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HEBREW SCHOOL

EMERGENCY MEDICAL RELEASE INFORMATION

Please complete one for each child:

I (we) hereby give consent to the Director of the Hebrew School, or person designated, to make available to my child _____ professional emergency medical care when such care is indicated.

It is understood that a conscientious effort will be made to notify my spouse or me before action is taken. It is further understood that every effort will be made to contact my child's physician prior to any treatment.

However, in the event that this is not possible, I give permission for my child to receive proper medical care by any doctor, nurse, paramedic, or member of a medical staff of a hospital licensed by the State of Missouri.

This is to certify that my child is in good physical health. He/she has permission to participate in all activities that are part of the religious school program.

Parent's Signature

Date

Doctor _____

Doctor's Phone: _____

Allergy/Comment _____

Hearing Problem: _____ Vision Problem: _____

Asthma: _____ Other: _____

Does your child take any medication? If so, please list-

Medications: _____

Emergency Contact:

1) Name: _____ Relationship: _____ Number: _____

2) Name: _____ Relationship: _____ Number: _____

3) Name: _____ Relationship: _____ Number: _____



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Student Information

Please complete one for each child:

Student's Name: _____ **Age:** _____ **Date of Birth:** _____

Student's Hebrew Name: _____

Grade: _____ **School:** _____

Parent(s) name: _____ **Phone Number:** _____

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How would you describe your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are his/her academic strengths? (What does he/she like to learn? What are his/her favorite subjects?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What extra curricular activities does he/she like to do? What are his/her interests?

\_\_\_\_\_  
\_\_\_\_\_

What should we know about your child to effectively teach him/her? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you think your child learns better through: Hearing  Seeing  Experimenting ?

Has your child had any special education classes? Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your goals for your child in Hebrew School? (Reading Hebrew, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_