



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

## HEBREW SCHOOL REGISTRATION 2011-2012

*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(Sept 09)	Please choose one:
_____	_____	_____	Sunday only <input type="checkbox"/> Sun morning & Tues afternoon <input type="checkbox"/>
_____	_____	_____	Sunday only <input type="checkbox"/> Sun morning & Tues afternoon <input type="checkbox"/>
_____	_____	_____	Sunday 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 2<sup>nd</sup> grade and up.*

**Name(s) & Ages of Siblings:** \_\_\_\_\_

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



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

**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 2011-2012 School year if paid by August 26

\_\_\_\_\_ \*2)\$700 for Year, payable in 2 installments:

\$350, August 26, 2011, \$350, before January 13, 2012

\_\_\_\_\_ \* 3) Automatic credit card charge or post dated checks:

\$70 per month Aug '11 – May '12

\*Early registration special: If registered by August 19, 2011, you may use pre-payment rate of \$650 and still use payment plan options

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 and Shelley Grafman who have established a Hebrew School scholarship fund in their name. Please contact Rabbi Yosef David directly at 314-862-2474 ( 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.*

**Visa / MasterCard:** \_\_\_\_\_ **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:



---

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

## HEBREW SCHOOL

### EMERGENCY MEDICAL RELEASE INFORMATION

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: \_\_\_\_\_



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

Please complete one for each child:

**Student's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Student's Hebrew Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Parent(s) name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

~~~~~  
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.) \_\_\_\_\_

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