



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

HEBREW SCHOOL REGISTRATION 2009-2010

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 09)	Please choose one:
_____	_____	_____	Sun morning only <input type="checkbox"/> Sun morning & Tues evening <input type="checkbox"/>
_____	_____	_____	Sun morning only <input type="checkbox"/> Sun morning & Tues evening <input type="checkbox"/>
_____	_____	_____	Sun morning only <input type="checkbox"/> Sun morning & Tues evening <input type="checkbox"/>

(Please note: the Sunday morning & Tuesday evening option is only available for students in 2nd 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 2009-2010 School year, \$650

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

\$350, August 25, 2009, \$350, before January 12, 2010

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

\$72 per month Aug '09 – May '10

*Early registration special: If registered by July 31st, 2009, 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: 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.

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

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: _____



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

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:** _____



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.) _____
