

Chabad Hebrew School
Award Winning Aleph Champ
4054 Jean Talon W., Montreal, QC H4P 1V5
t. 514-342-1770 e. Hebrewschool@chabadtmr.com
www.Chabadtmr.com

Hebrew School Registration 2013-2014

Childs Information:

Family Name: _____ First Name: _____

Hebrew Name: _____ Date of Birth: _____

School child attends: _____ Grade (2012/13): _____

Jewish or Hebrew knowledge: _____

Parents Information:

Fathers Name: _____ Hebrew Name: _____

Mothers Name: _____ Hebrew Name: _____

Home address: _____

City: _____ Province: _____ P.C. _____

Tel: Res. _____ Work. _____ Cell. _____

Email address: _____

Are any of the parents converted: _____ if answer is yes, please name

Rabbi _____ & Synagogue _____
where conversion was performed.

Added Information:

Does your child have allergies or medical conditions: _____

If the answer is yes please describe: _____

Who should be called in case of emergency: _____ Tel: _____

Comments: _____

Signature: _____

Hebrew School Registration 2013-2014 (cont.)

I choose to send my child/ren to:

☐ Sunday School Program

☐ Hebrew School to Go

Payment Info:

Cost for Sunday School is \$375 per child for the school year.

Second/third child is 5% off.

Refer a new student and receive an additional 5% off.

This includes all class room, in school activities and snacks.

All trips outside of school & our Shabbat (1 – 3 per year) are extra.

Hebrew School to Go, cost is \$25 per weekly visit – Schedule & timing to be discussed.

Payment:

☐ Check

☐ Cash

Credit Card: ☐ Visa ☐ MC ☐ Amex

Card No.: _____ exp: ____/____

Please charge my card in 1 full payment _____

Please charge my card in 4 installments; Sep, Dec, Feb, May: _____