



REGISTRATION

Age Levels

First Taste Program: 4-7

Hebrew School: 7-12

Bar/Bat Mitzvah Discovery Course: 12-13 Call for more information.

Occasional extracurricular Jewish fun activities

Days / Times

Wednesday 3:15 - 5:15

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Tuition and Fees:

Tuition	\$650.00
Registration: <i>(due with registration form)</i>	30.00
Book Fee: <i>(due with registration form)</i>	20.00
Total	\$700.00

Payment Options:

Option 1: Prepayment in full before September.

Option 2: Pay 1/2 of tuition before September, 1/2 of tuition by January 1, 2010.

Note: If there are reasons you cannot commit to one of the above options, please contact us to arrange a payment plan.

Discounts

EARLY BIRD DISCOUNT:

\$25 discount per family, if registration forms, full tuition, registration, and book fees are received in full before August 1, 2009.

FAMILY DISCOUNT:

\$25 discount on tuition for each *additional* child in a family.





Registration Application 2009-2010

Father's information:

Name _____ (hebrew) _____

Address _____

City _____ CA Zip _____ Email _____

Telephone (home) (_____) _____ (work) (_____) _____

(cell) (_____) _____ Occupation _____

Mother's information:

Name _____ (hebrew) _____

Address _____

City _____ CA Zip _____ Email _____

Telephone (home) (_____) _____ (work) (_____) _____

(cell) (_____) _____ Occupation _____

Family information:

Were there any conversions or adoptions in your family? _____ Explain: _____

Are the natural parents of the child/ren Jewish? (father) _____ (mother) _____

Other children living at home:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Does your child have any learning difficulties with general studies? _____

Medical information:

Any medical conditions or related regarding your child we should be aware of? _____

Emergency Contact:

Name _____ Phone _____ Relationship _____

I hereby permit my child/ren to participate in all school and youth club activities and join in school trips on and beyond school properties. I am aware that photos and videos taken during Hebrew school may be used in promotional material. I understand that my name address and phone number will be part of a school directory. In case of emergency, I hereby authorize the school to have my child taken care of by a physician in any way the situation may call for.

Parent Signature _____ Date _____





Registration Application 2009-2010 (continued)

Student information:

Name _____ (hebrew) _____

Date of Birth _____ / _____ / _____ Age and Grade as of 9/01/09 _____

Prior Hebrew Education _____

Please check one or more of the following:

I am enrolling my child/children _____ in the:

____ First Taste Program (4-7)

____ Hebrew School (7-13)

I have enclosed \$ _____ for registration and book fees.

I have enclosed \$ _____ towards tuition.

Please check box with your choice for method of payment:

Prepayment in full before September 1, 2009

Pay 1/2 of tuition before September 1, 2009 and 1/2 by January 1, 2010.

Signature: _____ Date: _____

Mail to: Chabad JCC 12053 Jefferson Blvd. Culver City, CA 90230

