

BS"D



# CHAICENTRAL

## Bar & Bat Mitzvah Prep School

A Project of Chabad of East Brunswick  
School Location: Churchill Junior High School

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P.O. Box 6362·East Brunswick, NJ 08816

732-333-3220 · www.ebChabad.com

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### **Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

(No prior Hebrew School or Hebrew language experience required)

Does your child read basic Hebrew?  None  Somewhat  Well

Does your child have previous Jewish Education?  Yes  No

If yes, please describe:

\_\_\_\_\_

What school does your child attend? \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Synagogue affiliated with: \_\_\_\_\_

Were there any conversions or adoptions in your family?  Yes  No

If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

Any considerations, such as learning disorder or difficulty, the school should be aware of? (*Confidential*):

\_\_\_\_\_

\_\_\_\_\_

### **Parent Information**

Father's Name: \_\_\_\_\_ Father's Hebrew Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Hebrew Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: (if different) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Family Background**

Jewish Name                      Native Religion

#### **Mother's Side**

Maternal Grandmother \_\_\_\_\_

Maternal Grandfather \_\_\_\_\_

#### **Father's Side**

Paternal Grandmother \_\_\_\_\_

Paternal Grandfather \_\_\_\_\_

### **Emergency Contact Information**

Please list two contacts to be used in case of emergencies (other than your home and business numbers).

Name	Relationship to Child(ren)	Phone Number
1) _____		
2) _____		

Child(ren)'s physician or medical facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's address: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Group #: \_\_\_\_\_ ID#: \_\_\_\_\_

CONFIDENTIAL: Does your child have any allergies or other medical condition we should be aware of? If yes, please describe them and indicate special precautions or care needed.

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As the parent(s) or legal guardian of the above child(ren), I/we authorize any adult acting on behalf of Chabad Hebrew School to hospitalize or secure treatment for my child(ren), I further agree to pay all charges for that care and/or treatment. It is understood that if time and circumstances reasonably permit, Chabad Hebrew School personnel will try, but are not required, to communicate with me prior to such treatment. I hereby give permission for my child(ren) to participate in all school activities, join in class and school trips on and beyond school properties and allow my child(ren) to be photographed while participating in Chabad Hebrew School activities.

### **Chabad Hebrew School Tuition Agreement**

The following is a tuition agreement for Chabad Hebrew School. The agreement explains the tuition fees, payment plans and refund policies. Please read it through carefully.

The tuition for the Chabad Hebrew School is \$725 per year per child.

Discounts: There is a \$100 discount off of the regular tuition for each additional child of the same family. There is \$50 additional discount off your total tuition for each child of another family you successfully introduce to the Chabad Hebrew School. Register by June 25, 2009 to receive an early bird discount of \$100.

You may choose from the following payment methods:

- PLAN A: You may pay the entire amount in full with a check, cash or credit card.
  
- PLAN B: You may pay the annual tuition on a monthly basis by submitting 10 head checks dated August through May. All checks must be submitted before the first day of Hebrew School.

*Sign here:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Please mail this enrollment form along with a \$100 deposit per child as soon as possible!

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### **Student Information – 2<sup>nd</sup> CHILD**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

(No prior Hebrew School or Hebrew language experience required)

Does your child read basic Hebrew?  None  Somewhat  Well

Does your child have previous Jewish Education?  Yes  No

If yes, please describe:

\_\_\_\_\_

What school does your child attend? \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Were there any conversions or adoptions in your family?  Yes  No

If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

CONFIDENTIAL: Any considerations, such as learning disorder or difficulty, the school should be aware of?

\_\_\_\_\_

\_\_\_\_\_

CONFIDENTIAL: Does your child have any allergies or other medical condition we should be aware of? If yes, please describe them and indicate special precautions or care needed.

\_\_\_\_\_

\_\_\_\_\_