



Shalom Hebrew School Student Application

We are currently accepting student applications for the 2017-18 school year.
We accept children ages 3 - 13. Please note that one registration form per child is required.
Please fill out ALL fields of this form.

If you have any questions or concerns you would like to discuss with us, please email SHebrewSchool@gmail.com or call (201) 498-4931.

We look forward to a wonderful year of learning and growth!

Student Profile

First Name	
Last Name	
Hebrew Name	
Date of Birth	
School	
Grade Entering	
Hebrew Reading Proficiency	<input type="radio"/> None <input type="radio"/> Somewhat <input type="radio"/> Well
Previous Jewish Education	<input type="radio"/> Yes <input type="radio"/> No
Where?	
Is the biological mother of the child Jewish?	
Were there any adoptions or conversions in the family?	
	If there has been a conversion, please attach a copy of Certificate

Parent Information

Father's Name	
Phone	
Email Address	
Mother's Name	
Phone	
Email Address	
Parents' Marital Status	
Home Address	
City	
State	
Zip	



Emergency Information

Emergency Contact 1	
Phone	
Emergency Contact 2	
Phone	
Doctor	
Phone	

Does your child have any allergies or other medical condition we should be aware of?
(Confidential)

If yes, please describe them and indicate special precautions or care needed.

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

What are your child's special interests, likes or dislikes? _____

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

Parent/Legal Guardian Name _____

Parent/Legal Guardian Sign _____ Date _____



Tuition Agreement

Hebrew School classes are on Sundays from 10 am - 12 pm

Tuition for the 2017-18 school year is **\$850** (includes books and snacks)

Discounts:

Early Bird Discount: Take off \$25 per child when registering before June 4th 2017.

Refer a Friend: Take off \$20 for every family that registers on your recommendation.

Synagogue Member: Take off \$50 per child.

Please check which method you will be paying:

- I have enclosed a check for \$850 per child.
- I have enclosed **2 checks**. One dated in August, 2017 for \$450 and the other dated December 1, 2017 for \$400.
- I need a more flexible payment plan. Enclosed is a registration **check for \$200** per child. I will email SHebrewSchool@gmail.com or call Bina (201)-438-4931 to discuss my payment options.

I understand that my application will not be processed until a plan is in place.

Checks can be written to **Shalom HS**.

Registration Deadline is **August 18th**.

All applications received after August 18th will be charged an additional \$100 late fee.

The signed tuition agreement along with full payment must be submitted to the school office **BEFORE** your child may begin attending school.

No child will be turned away due to lack of funds. Please email SHebrewSchool@gmail.com or contact our office at (201)-438-4931 to discuss any financial considerations.

There are no refunds or credits for days missed due to illness, holidays, or family vacations.

We look forward to a wonderful year of learning and growth!

Parent/Legal Guardian Name _____

Parent/Legal Guardian Sign _____ Date _____

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