

Jewish Bradford Hebrew School

CHABAD HEBREW SCHOOL REGISTRATION FORM 5782/2021-22

Student information				
First name:	Hebrew name:	Family name:		
Gender:	Date of birth:/	_/		
School attending:		Current grade (entering):		
Hebrew reading proficiency:	\square None \square Somewhat	□Well		
Hebrew speaking proficiency:	□None □Somewhat	□Well		
Did you have any previous Jewish education? If yes please specify				
Family information				
My child is a: \Box Cohen \Box Levi \Box Yisrael \Box Not sure				
Are the natural father and mother of the child Jewish? \Box Father \Box Mother				
Have there been any conversions or adoptions in the family? \Box Yes \Box No				
If yes, please explain				
Are you interested in carpooling? \Box Yes \Box No				
If ves. can we give your number to other parents? \Box Yes. \Box No				

For all your Jewish needs



Jewish Bradford Hebrew School

General information		
Address:	City:	Postal code:
Home phone: () Email:		_
Father's name:	Mothers name:	
Cell phone: ()	Cell phone ()	
Work phone: ()	Work phone ()_	
Does your child have any allergies?		
Does your child have any medical conditions we	should be aware of?	
Emergency contact (other than parents)		
Name Phone number ()	Relation to s	tudent
Dates & Cost		
The Hebrew school program runs on Sunday from	n 10am to 12pm.	
The tuition fee for the full year is \$480, which inc snacks.	cludes registration fee, te	xt books, crafts and
Payments can be made in up to four installments of the same family. A tax deductible receipt can be		-
Please note that no child will be turned away due please contact us and we will do our best to accord	_	re in need of assistance
I would like to register for:		
☐ Sunday program		

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Terms of Agreement

In the event of an emergency, Jewish Bradford Hebrew School has my permission to arrange for any necessary first-aid or care.

Jewish Bradford Hebrew School has my permission to use my child's photo in its publicity materials.

I have completed the Registration Form and agree to the terms outlined above.				
Name of Parent:	Signature:	Date:		

Payment & Submission

Payments can be made either with cash or cheque. Please make cheques payable to Chabad Jewish Centre of Barrie.

Please mail/deliver the completed forms, along with payment to:

Jewish Bradford 121 Mooney Street, Bradford ON. L3Z 0K7

Register today to ensure a Jewish tomorrow!

For all your Jewish needs