



457 N. Woods Mill Rd., Chesterfield, MO 63017, 314-862-2474

HEBREW SCHOOL REGISTRATION 2015-2016

Please print clearly when filling out the following form.

Parent/Family Information

Mother's Name: _____ **Marital Status:** Married Separated Divorced Other

Address: _____
Street City State Zip

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email Address:** _____

Please note: any notifications will be sent via email, including schedule changes/cancellations

Mother's Hebrew Name: _____

Father's Name: _____ **Marital Status:** Married Separated Divorced Other

Address: _____
Street City State Zip

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email Address:** _____

Please note: any notifications will be sent via email, including schedule changes/cancellations

Father's Hebrew Name: _____

Are you affiliated with a Synagogue or Temple? If yes, which one? _____

Student Information

Name(s) of Student(s) To be enrolled	DOB	Grade	Please choose one:
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_____	_____	_____	Sunday only <input type="checkbox"/>
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_____	_____	_____	Sunday only <input type="checkbox"/>
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_____	_____	_____	Sunday only <input type="checkbox"/>
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Name(s) & Ages of Siblings: _____



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Tuition and Deposit Information

Child's Name: _____

Child's Name: _____

Child's Name: _____

Please initial one of the following tuition options:

Tuition is \$700 for Hebrew School year plus \$25 Registration fee w/application.

Payment options:

_____ 1) \$50 prepayment discount for 2015-2016 School year if paid by Sept. 3

_____ 2) \$700 for Year, payable in 2 installments:

- \$350, Sept. 4, 2015
- \$350, before January 8, 2016

_____ 3) Automatic credit card charge or post-dated checks:

- \$70 per month Sept. '15 – June '16

Total tuition: (# of Children: _____ x \$700 per child) + \$25 fee = \$_____ total

Please Note: Limited scholarships are available from the Emily and Shelley Grafman Hebrew School scholarship fund. Please contact Rabbi Yosef David directly at 314-862-2474 (based on available funds and family need).

Parent's signature

Date

If you would like to pay by credit card please fill in the following or call the office with your credit card information, 314-862-2474.

Visa / MasterCard: _____ **Credit Card #:** _____

Exp. Date: _____ **Name as it appears on the credit card:** _____

How would you like the payment breakdown to occur? _____

FOR OFFICE USE ONLY

Date Application Received: _____

Amount Paid \$ _____

Date of Payment _____

Total amount due: _____

Payment Type _____

Balance Due \$ _____

Notes:



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HEBREW SCHOOL

EMERGENCY MEDICAL RELEASE INFORMATION

Please complete one form per child.

I (we) hereby give consent to the Director of the Hebrew School, or person designated, to make available to my child _____ professional emergency medical care when such care is indicated.

It is understood that a conscientious effort will be made to notify my spouse or me before action is taken. It is further understood that every effort will be made to contact my child's physician prior to any treatment.

However, in the event that this is not possible, I give permission for my child to receive proper medical care by any doctor, nurse, paramedic, or member of a medical staff of a hospital licensed by the State of Missouri.

This is to certify that my child is in good physical health. He/she has permission to participate in all activities that are part of the religious school program.

Parent's Signature Date

Doctor _____ Doctor's Phone: _____

Allergies/Comment _____

Hearing Problem: _____ Vision Problem: _____

Asthma: _____ Other: _____

Does your child take any medication? If so, please list-

Medications: _____

Emergency Contact:

1) Name: _____ Relationship: _____ Number: _____

2) Name: _____ Relationship: _____ Number: _____

3) Name: _____ Relationship: _____ Number: _____



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Please complete one form per child.

Student's Name: _____ **Age:** _____ **Date of Birth:** _____

Student's Hebrew Name: _____

Grade: _____ **School:** _____

Parent(s) names: _____ **Phone Number:** _____

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How would you describe your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are his/her academic strengths? (What does he/she like to learn? What are his/her favorite subjects?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What extra curricular activities does he/she like to do? What are his/her interests?

\_\_\_\_\_  
\_\_\_\_\_

What should we know about your child to effectively teach him/her? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you think your child learns better through:      Hearing     Seeing     Hands-on experiences ?

Has your child had any special education classes or services? Yes     No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your goals for your child in Hebrew School? (reading Hebrew, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_