



CHABAD HEBREW SCHOOL'S
OF THE NORTH SHORE

A Jewish Education with a Life Time Guarantee!

Chabad Hebrew Schools of the North Shore was established by Rabbi Yossi & Leah Lipsker of Chabad of the North Shore



Registration Application 2010-2011

Please Print Clearly

Part I: Student Information

Last Name _____ e-mail (child's) _____
First Name: English _____ Hebrew _____
Address _____ City _____ Zip _____ Phone _____
Birth date _____ Time _____ am / pm Age _____
School _____ Grade (Entering) _____

Part II: Parents' Information

Father's Name _____ Hebrew Name _____
Work Phone _____ Cell Phone _____ Occupation _____
Mother's Name _____ Hebrew Name _____
Work Phone _____ Cell Phone _____ Occupation _____
e-mail (parent) _____ Synagogue Affiliation _____
Childs Parents Status _____ (Married , Divorced , Single)

Part III: Religious & Educational History

Previous Hebrew Education _____
Does your child read basic Hebrew? None Somewhat Well
Does your child have any learning disabilities? Yes No
If Yes, please describe. _____
Were there any conversions &/or adoptions in the family? _____
If Yes, please explain. _____

Part IV: Medical Information (confidential)

Up to date with vaccinations? Yes No Date of last tetanus shot _____
Are there any special medical or other information, which we should be aware of? (Confidential) _____

Part V: Referrals

How did you hear about Chabad Hebrew School? _____

Signature _____ Date _____



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Registration Application 2010-2011 (continued)

Please list siblings

Name	Date of birth	School	Name	Date of birth	School

I Hereby permit my child _____ to participate in all school activities, and to join in class and school trips on and beyond school properties and use any transportation selected by the Chabad Hebrew School.

Signature of parent _____

Date: _____

Emergency Contact Information

Person to be contacted in case of an emergency when parents cannot be reached:

Name _____ Telephone # () - _____

Relationship to child _____ City/Town _____

Family Physician _____ Telephone # () - _____

Medical Insurance Co. _____ Policy # _____

Medical Release Form

I hereby give consent to the administration of the Chabad Hebrew School to take whatever medical measures they deem necessary, at my expense, for my child in the event of a medical emergency.

Signature of parent _____

Date _____



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Registration Application 20010-2011 (continued)

Part VI: Tuition Payment Option

Please check one or more of the following:

I am enrolling my child _____ in the:

Chabad Hebrew School Peabody program

Please check box with your choice for method of payment:

Check for Annual Amount

I will mail 100 a month

Credit Card for Annual Amount

Credit Card for Quarterly Amount

Visa/ MasterCard

Amex/Discover

Credit Card Number _____ Exp Date _____

Tuition _____ Deposit Amount _____ Balance Due _____

Please return this form with a deposit of \$150 before May 20, 2010 or with \$250 after May 21, 2010 in order to ensure a seat in the class of your choice. This deposit will be deducted from annual tuition fee and is not refundable.

Signature _____

Date _____



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FACT SHEET

Age Levels

Kindergarten through 8th grade

Days, Times:

Peabody

Grades K – 6 Wednesday 3:30pm – 6:00pm /

Ages 12-13 Wednesday 3:30pm – 6:00pm / NEW: MITZVAH CORPS

ASK ABOUT THIS NEW PROGRAM

Tuition and Fees:

Peabody

Aleph – Chet \$775.00 one day, two and a half hours a week

Book Fee for all students: \$25

Synagogue Membership

While we encourage synagogue and program attendance and suggest an annual donation of \$100 towards our annual raffle fundraiser from our Hebrew School families (held usually in late April or May), we do not require our students to be members in a synagogue. Our students come from various affiliations and backgrounds.

Important Dates

While we encourage our students and their families to participate in all our programs we strongly request that they participate in the following events. Hebrew School Oneg Shabbat, Date to be announced, Purim Party, Lag B'omer BBQ and Shavuot Ice Cream Party and 10 Commandments reading.

Transportation

We do not provide transportation but can assist you in setting up a carpool.

Mailing Address: Chabad Hebrew School – Peabody

PO BOX 2154

Physical Address: 83 Pine St. Unit E

Peabody, MA 01960

Office Phone Number: 978-977-9111

Emergency/cell phone numbers... 978-317-3763 or 978-317-8165

Directors: Rabbi Nechemia & Raizel Schusterman