



Chabad Hebrew School

Eastside Torah Center, 16199 Northup Way, Bellevue, Washington 98008
Telephone: (425) 957-7860, Facsimile: (425) 957-0524
Email: eastsidechabad@gmail.com
Website: www.chabadbellevue.org

REGISTRATION FORM

Tuition: \$585 Tuition + \$75 Book fee (\$660 total)
Tuition payment needs to be paid in full by October 18th. No refunds. Free one day trial for new students.

Payment Options:

- Payment in full
- Mail check to be received by Oct 18th to avoid \$25 late enrollment fee.

Student Information

Name: _____ T-Shirt (circle one child sizes) S M L XL

Hebrew Name: _____

Age: _____ Birth date: _____ / _____ / _____

What grade will your child will be entering in the upcoming school year? _____

Does your child read basic Hebrew? No Knows Alef Bet Knows vowels

Reads single letter/vowel combinations

Reads multiple letter/vowel combinations Slow Moderate Fast

Practices reading Once/ Twice a week in Hebrew School _____ times a week

(This section needs to be filled out for a student applying to enter Grate 1 and above.)

A checkmark should be made even if your child is only partially or minimally familiar with the concept.

My child is familiar with the Jewish Practices of:

Shabbat	Kosher	Mezuzah	Rosh Hashanah	Yom Kippur
Sukkot	Chanukah	Purim	Pesach	Synagogue

They are familiar with these: Through study Through practice

My child is familiar with our History of:

Specific persona of the Torah	Inspirational stories	Detailed history through the ages
Recent Jewish history		

My child is familiar with the Jewish values of:

Tzedakah (charity)	Ahavat Israel (Love for a Fellow Jew)	Belief in G-d
Honoring Father and Mother		

(All of these subjects will be taught in The Community Talmud Torah, no prior knowledge is necessary.)

What school does your child attend during the week? _____

Is the natural mother of the child Jewish? Yes No

Is the natural father of the child Jewish? Yes No

Were there any conversions or adoptions in your family? No Yes (If yes, please explain)

Additional comments:

Parents Information:

	Father	Mother
Name:	_____	_____
Home Phone Number:	_____	_____
Work Phone Number:	_____	_____
Cell Phone Number:	_____	_____
Occupation:	_____	_____
E-mail	_____	_____
Home Address	_____	_____
City, State, Zip	_____	_____
Would you like to volunteer?	_____	_____

Emergency Information (This section must be filled out by all parents)

Emergency Contact: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Doctor: _____

Address: _____

Allergies or other Medical Conditions

As the parent(s) or legal guardian of _____, I/we authorize any adult acting on behalf of Community Talmud Torah to hospitalize or secure treatment for my child, I further agree to pay all charges for that care and/or treatment. It is understood that if time and circumstances reasonable permit, Community Talmud Torah personnel will try, but are not required, to communicate with me prior to such treatment. I hereby give permission for my child to attend all field trips and outings sponsored by Community Talmud Torah.

Signature of parent or legal guardian

Date