Chabad Hebrew School Award Winning Aleph Champ Hebrew Reading			
	4054 Jean Talon W., Mont t. 514-342-1770 e. dina	treal, QC H4P 1V5	
Uahra	www.Chabadtn	nr.com	
Childs Information	U	ration 2021-2022	
Family Name:		First Name:	
Hebrew Name:	Date	Date of Birth:	
School child attends:		Grade (2021/22):	
Jewish or Hebrew know	vledge:		
Parents Information	on:		
Fathers Name:	Hebrew Name:		
Mothers Name:	Hebrew Name:		
Home address:			
City:	Province:	P.C	
Tel: Res	Work	Cell	
Email address:			
Are any of the parents converted: If answer is yes, please name			
Rabbi	& Synagogue performed.		
Added Information	n:		
Does your child have a	llergies or medical conditi	ons?	
If the answer is yes, ple	ease described:		
Who should be called in case of emergency:			
Comments:			
Signature:			

Hebrew School Registration 2021-2022 (cont.)

I choose to send my child/ren to:

____ Sunday School Program

____ Hebrew School to Go

Payment Info:

Cost for Sunday School is \$400 per child for the school year.

Refer a new student and receive an additional 5% off.

This includes all class room, in school activities and snacks.

All trips outside of school & our Shabbat (1 - 3 per year) are extra.

Hebrew School to Go, cost is \$25 per weekly visit – Schedule & timing to be discussed.

Payment:

__Check

__ Cash

Credit Card: ____Visa ____ MC___ Amex

Card No.: ______ exp: ____/____

Please charge my card in 1 full payment _____

Please charge my card in 4 installments; Sep, Dec, Feb, May: _____