



Calgary Yachad Hebrew School
A Project of The Pamela Silver-Robins Chabad Lubavitch Youth Centre
Bringing Judaism to life!

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www.myHebrewSchool.ca | www.YouthCentre.org | www.GanIsrael.ca



Registration Form

2021-2022 / 5782

Part I: Student's Information

Last Name: _____ First Name: _____ Boy Girl
 Hebrew Name: _____ Birthday: ___/___/___ Time of Birth: ___/___/___
YY MM DD HR M AM/PM
 Address: _____ Postal Code: _____
 School: _____ Grade: _____

Part II: Parents' Information

Father's Name: _____ Hebrew Name: _____
 Mother's Name: _____ Hebrew Name: _____
 Home phone: (____) _____ - _____ Fax: (____) _____ - _____
 Work Phone (Father): (____) _____ - _____ Cell (Father): (____) _____ - _____
 Work phone (Mother): (____) _____ - _____ Cell (Mother): (____) _____ - _____
 Email (Father): _____ Email (Mother): _____
 Synagogue (if any): _____ How did you hear about us? _____

Part III: Hebrew Education

Does your child read Hebrew? No Somewhat Yes - Well

Does your child speak/understand Hebrew? No Somewhat Yes - Well

Does your child have any learning difficulties with general studies? Yes No

If yes, please describe _____

Child's previous Hebrew education (if any): _____

Is the father Jewish? Yes No Is the mother Jewish? Yes No

Were there any conversions in the family? Yes No

If yes, please specify who, name of Rabbi & Congregation and provide copies of the documents:

Is anyone in the family a Kohen or Levi? Yes No _____



Part IV: Tuition

Early Bird Special: Register before September 1st:

First Child: \$760.00 (*Snacks included*) Second child and up: \$685 (*Snacks included*)

Register after September 1st:

First Child: \$795.00 (*Snacks included*) Second child and up: \$715 (*Snacks included*)

Fees:

Material + Sanitization: \$72 Per Child

Refer A Friend Program! You and your friend both receive \$50 off Hebrew School tuition!

*Please note that no child will be turned away due to lack of funds.
 Please contact our office for scholarships or other payment arrangements.*

Please check your choice of payment:

- Full payment enclosed Four post-dated payments of \$ _____ totaling \$ _____.
Please post-date your payments for Aug 30, Sep 30, Oct 30 & Nov 30 2021

Method of payment:

- Cash Check (*payable to Chabad Lubavitch of Alberta*) E-Transfer (accounting@chabadalberta.org)
 Credit Card: Visa / MasterCard / American Express

Name on Card: _____

Card Number: _____ Exp. Date: ____ / ____

Part V: Photo Release

I do hereby permit the use of pictures and videos that may have my child in them for Chabad and Calgary Yachad Hebrew School's website, social media and publications. Agree Disagree

Part VI: Medical Information (*confidential*)

Family Physician: _____ Phone: (____) ____ - _____

Is there any medical or other information (allergies, etc.) regarding your child that our school should be aware of? _____

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

Name: _____ Relationship to child: _____

Phone: (____) ____ - _____

Medical Release Form

I hereby consent to the administration of Calgary Yachad Hebrew School to take whatever medical measures they deem necessary for my child in the event of a medical emergency. Agree Disagree

Signature of Parent or Guardian: _____ Date: _____