



Calgary Yachad Hebrew School

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

28-523 Woodpark Blvd SW | Calgary, AB T2W 4J3 | 403-238-4880 | Fax: 403-281-0338
 www.myHebrewSchool.ca | www.YouthCentre.org | www.GanIsrael.ca



Part IV: Tuition

27 Sessions

First Child: \$725.00 (*Books & snacks included*)

Second child and up: \$650 (*Books & snacks included*)

*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 Sept 30, 2016, Oct 30, 2016, Nov 30, 2016, & Dec 30, 2016.

Method of payment:

- Cash
- Check (*payable to **Chabad Lubavitch of Alberta***)
- Credit Card: Visa / MasterCard / American Express

Name on Card: _____

Card Number: _____ Exp. Date: ____ / ____

Amount: \$ _____ Signature: _____

Part V: Medical Information (*confidential*)

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

Alberta Health Care Number: _____

Is your child up to date with their vaccinations? Yes No

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: (____) ____ - _____ Cell 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: _____