

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

Registration Form

2016-2017/5777

Part I: Student's Informati	on	
Last Name:	First Name:	Boy 🖵 Girl
Hebrew Name:	Birthday: / / Age:	
	YY MM DD Postal (
School:		
Part II: Parents' Informati	on	
Father's Name:	Hebrev	v Name:
Mother's Name:	Hebrev	v Name:
Home phone: ()	Fax:	()
Work Phone (Father): ()	Cell (Fa	ather): ()
Work phone (Mother): ()	Cell (M	other): ()
Email (Father):	Email (Mother)	:
Synagogue (<i>if any</i>):		
Part III: Hebrew Education	1	
Does your child read Hebrew?	☐ No ☐ Somewhat ☐	1 Yes - Well
Does your child speak/understand	Hebrew? ☐ No ☐ Somewhat ☐	🕽 Yes - Well
Does your child have any learning o	difficulties with general studies? $oldsymbol{\square}$ Ye	es 🗖 No
If yes, please describe:		
Child's previous Hebrew education	ı (if any):	
Were there any conversions and/o	or adoptions in the family? $lacksquare$ Yes $lacksquare$	l No
If yes, please provide detai	ils and copies of the documents:	
<u></u>		
Is anyone in the family a Kohen or	Levi? □ Yes □ No	



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 (co	nfidential)
Family Physician:	•				
Alberta Health Care Number:					
Is your child up to date with their vaccina	tions? 🗖 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 a	n 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 e					
Signature of Parent or Guardian:	Date:				