



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

2024-2025/ 5785

## 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 August 1<sup>st</sup>:

First Child: \$865.00 (*Snacks included*)      Second child and up: \$780 (*Snacks included*)

### Register after August 1<sup>st</sup>:

First Child: \$895.00 (*Snacks included*)      Second child and up: \$805 (*Snacks included*)

### Fees:

Materials + Supplies: \$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 Jul 30, Aug 30, Sep 30 & Oct 30 2024*

### Method of payment:

- Cash     Check (*payable to Chabad Lubavitch of Alberta*)     E-Transfer ([accounting@chabadalberta.org](mailto: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: \_\_\_\_\_

*Joining Calgary Yachad Hebrew School is not an acknowledgment of my Halachik Jewish status*