



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

134 Forge Rd SE | Calgary, AB T2H 0S8 | 403-281-3770 | Fax: 403-281-0338
www.myHebrewSchool.ca | www.YouthCentre.org | www.GanIsrael.ca



Registration Form

2026-2027 / 5787

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 - Register before August 1st: \$940.00 Register after August 1st: \$985.00 Fees: \$72
Family Discount! 10% each additional sibling. Refer-A-Friend Program! You & your friend both receive \$50 off

Please check your choice of payment:

- Full payment enclosed Four post-dated payments of \$ _____ totaling \$ _____.
Please post-date your payments for Jun 30, Jul 30, Aug 30 & Sep 30 2026

Method of payment:

- Cash Check E-Transfer (accounting@chabadalberta.org) Credit Card: Visa / MasterCard / Amex
 Name on Card: _____ Number: _____ Exp: ____ / ____

Part V: Medical Information (*confidential*)

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

Does your child have any allergies or other medical condition we should be aware of?

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

Name: _____ Relationship to child: _____ Phone: (____) _____ - _____

Part VI: Waiver

PARENTAL CONSENT

Parental consent for participation in all activities of Calgary Yachad Hebrew School is fully implied unless specifically excluded during the registration process.

MEDICAL CARE

In the event of an emergency, serious illness, or accident Calgary Yachad Hebrew School I has permission to arrange for any necessary first-aid or care by a licensed physician for any child/ren attending Hebrew School. Every effort will be made to contact the parent/guardian and emergency contacts first. Should it be necessary for the well-being of the camper to utilize outside medical or dental services all expenses involved will be paid for by the parent. Parents are required to notify Hebrew School in a timely manner of any infectious diseases or infestations acquired by a student.

IMAGES & PHOTO RELEASE

Permission is hereby given for Calgary Yachad Hebrew School and Chabad to use in promoting Calgary Yachad Hebrew School and in other ventures directly relating to the Calgary Yachad Hebrew School including the Chabad Facebook page & Instagram page (i) digital, photographic, video, and audio images or likenesses of student; and (ii) statements, articles, names, music, art, photographs, audio recordings, films and videos created by student or originating from Calgary Yachad Hebrew School or from a Calgary Yachad Hebrew School related activity.

INDEMNIFY AND HOLD HARMLESS

I agree to indemnify and hold harmless Calgary Yachad Hebrew School, Chabad, and its officers, employees, volunteers or assigns from any liability concerning my child's involvement in Calgary Yachad Hebrew School and further agree that the use of any premises during the program is made at my own risk.

ACKNOWLEDGEMENT

By typing my name below as a signature for this agreement, I certify that I have legal capacity to act as the parent/guardian of the named minor. I further understand that this form and the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Signature of Parent or Guardian: _____ Date: _____

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