



ב"ה

Date___/___/___

PARTNERSHIP APPLICATION FORM – 5779 - 2018/2019

PERSONAL INFORMATION

Name_____ ☐ Cohen ☐ Levi ☐ Yisroel ☐ Convert
☐ **You have all my info on file. I have included only the recent changes**
Home Address _____ City/State/Zip_____
Home Phone _____ **Email** _____
Occupation _____ Work Phone_____
Work Address _____ City/State/Zip_____
Fax _____ Cell _____ Cell Carrier (for texting)_____
Hebrew Name _____ Father's Hebrew Name _____
Date of Birth _____ Mother's Hebrew Name _____
My Bar/Bat Mitzvah was on: _____ The portion I read was:_____
Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed Anniversary Date: ___/___/___

SPOUSE

Name_____ ☐ Cohen ☐ Levi ☐ Yisroel ☐ Convert
Occupation _____ Work Phone_____ Fax _____
Work Address _____ City/State/Zip_____
Cell _____ Carrier (for texting)_____ **Email** _____
Hebrew Name _____ Father's Hebrew Name _____
Date of Birth _____ Mother's Hebrew Name _____
My Bar/Bat Mitzvah was on: _____ The portion I read was:_____
☐ *Please only include my home address and home phone in the Membership Directory.*

CHILDREN

Name	Hebrew Name	DOB	M/F	School
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____

Please add any additional children or grandchildren on a separate piece of paper

YARTZEITS

Chabad of Mid-Suffolk will help you honor their memory. We will send you a Yartzeit candle and reminder prior to the date.

English / Hebrew Name	Relationship	Date: Time
_____	_____	___/___/___: _____
_____	_____	___/___/___: _____
_____	_____	___/___/___: _____
_____	_____	___/___/___: _____

☐ *Please contact me before the above dates about having Kaddish said or to sponsor a Kiddush in their memory*

BENEFITS

- High Holiday Seats
- Discounts to Events
- Listing on Networking page
- Rabbi's Services
- Weekly Classes
- Holiday Programs
- Shabbat Services
- Lecture Series
- Family Events
- Receive a 5% discount on your membership if you refer a family.
- Weekly Email Newsletter
- A box of Matzah for Passover
- I Love Shabbat package

OPTIONS

☐ **New Member** ☐ **Renewal** ☐ **Upgrade**

Seniors/Single Membership☐ \$60 Monthly☐ \$720 Annually**Family Membership**☐ \$83 Monthly☐ \$996 Annually

*All Partnership fees can be made payable in one or 12 monthly installments (**Monthly**: credit card only). Monthly charges run August-July*

Join the Chai Club! Chai=Life!

Benefits of additional membership, besides the Mitzvah, is on **www.ChabadShares.com/ChabadMidSuffolk**

Partner Level☐ Additional \$50 Monthly☐ Additional \$600 Annually**Executive Level**☐ Additional \$100 Monthly☐ Additional \$1200 Annually**Innovator Level**☐ Additional \$150 Monthly☐ Additional \$1800 Annually

PAYMENT

Enclosed is: ☐ check ☐ credit card info, for the Membership opportunities selected above

☐ Visa ☐ M/C ☐ AMEX ☐ Discover

Card # _____ Exp. Date ____ / ____ CVV: _____

Signature: _____ Date: _____

☐ I would like ____ seats for the high Holidays @ \$125 each (Free for members).

☐ I would like to give an additional donation of \$_____.

All contributions are tax-deductible to the fullest extent allowed by law.

No one is denied synagogue membership due to financial reasons. If needed, please discuss this with the Rabbi.

NOTES

It is Chabad policy that each center is supported by the community it serves. **All funding for local Chabad programs is solicited locally.** No money is sent to Chabad headquarters in New York and neither are we funded or financially supported by them. Your support allows us to continue the important work that we do. Thank you!

All information submitted on these forms is confidential and will not be shared or sold to a third party.



ב"ה

CHABAD HEBREW SCHOOL Application – 2018/2019

STUDENT INFORMATION

Name: _____ Hebrew Name: _____

Birth date: ____/____/____ Grade entering: ____ What school does your child attend? _____

☐ **You have all my info on file. I have included only the recent changes**

Does your child read basic Hebrew? ☐ None ☐ Somewhat ☐ Well

Does your child speak/understand Hebrew? ☐ None ☐ Somewhat ☐ Well

Does your child have previous Jewish education? ☐ Yes ☐ No If yes, please describe: _____

Any considerations, such as learning disorder or difficulty, the school should be aware of? (*Confidential*):

Were the biological mother and grandmothers of the child born Jewish? ☐ Yes ☐ No

Were there any conversions or adoptions in your family? ☐ Yes ☐ No If yes, please describe: _____

The primary objective of my child's Hebrew School experience is to: _____

EMERGENCY INFORMATION

Please list two contacts to be used in case of emergencies (other than your home and business numbers).

Emergency Contact #1: _____ Relationship _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Emergency Contact #2: _____ Relationship _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Doctor: _____ Doctor's Phone: _____ Doctor's Address: _____

Health Insurance: _____ Group # _____ ID# _____

Up to date with vaccinations? ☐ Yes ☐ No Date of last tetanus shot: ____/____/____

Allergies or other Medical Condition (*confidential*):

Please send a copy of your insurance card for our files.

The best compliment is a referral. Please suggest a family that would appreciate an invite to our future programs:

Name: _____ Phone: _____

Address: _____

TUITION AGREEMENT – 2017/2018

Forms submitted (and registration fee paid) before July 31
will receive a \$50 credit off of one child's tuition.

The following document is a tuition agreement for Chabad Hebrew School. **You will receive an acceptance letter including all schedule and class information upon receipt of the signed tuition agreement along with a full payment plan.**

Refunds for children withdrawing from school before the end of the school year will be pro-rated up to December 31. **Tuition refunds will not be granted to children withdrawing from school after January 1.** There are no refunds or credits for days missed due to illness, holidays, or family vacations.

Circle all that applies	K-1	2-6	7	
Tuition Child #1	\$695	\$895	\$595	\$
Tuition Child #2	\$695	\$895	\$595	\$
Tuition Child #3	\$695	\$895	\$595	\$
Bar/Bat Mitzvah Prep*		Bar: \$1275	Bat: \$970	\$
	Registration Fee	Per Child	\$75	\$
5% discount for each additional child			-	\$
			Total	\$

*All BM children must attend HS classes and be paid in full before BM date

☐ Please accept my additional \$_____ donation to help another child through the "Hebrew School Scholarship Fund".

You may choose from the following payment methods.

☐ **PLAN A:** You may pay the entire amount in full with a check, cash or credit card.

☐ **PLAN B:** You may pay the annual tuition on a monthly basis by submitting 10 checks, each one 1/10 of the overall tuition, dated September through June. **All checks must be submitted before the first day of School.**

☐ **PLAN C:** You may use your credit card to pay the tuition on a monthly basis. Your credit card will be billed 1/10 of the overall tuition monthly, September through June.

☐ **Credit Card** (☐ Use the one on file) # _____ Exp. Date ____ / ____ CVV: ____

☐ **Check** (payments to begin September 1st through June 1st) ☐ I would like to set up an automatic bank check that will be sent straight from my bank to Chabad

Signature: _____ Date: _____

No child is denied a Hebrew School education due to financial reasons. If assistance is needed, please discuss this with the Rabbi.

As the parent(s) or legal guardian of _____, I/we authorize any adult acting on behalf of Chabad Hebrew School to hospitalize or secure treatment for my child, I further agree to pay all charges for that care and/or treatment. It is understood that if time and circumstances reasonably permit, Chabad Hebrew School personnel will try, but are not required, to communicate with me prior to such treatment.

I hereby give permission for my child to participate in all school activities, join in class and school trips on and beyond school properties and allow my child to be photographed while participating in Chabad Hebrew School activities.

Signature of parent or legal guardian

Date

I was referred to Chabad Hebrew School by: _____

If you are not submitting this form with post dated checks, you must include current Credit Card info or authorize us to use an existing credit card on file. **Not entering payment info will be viewed by our office as an authorization to use an existing card on file for membership and/or tuition payments in monthly installments.**

Also, we reserve the right, if an error is made in the calculations, to adjust accordingly.