



CHAYA ESTHER TALMUD TORAH / AFTER SCHOOL PROGRAM
UNDER THE AUSPICES OF
Bris Avrohom of Fair Lawn – Your local Chabad House
REGISTRATION FORM
2009/10 - 5770



May 4, 2009
10 Iyar, 5769

Dear Parents,

Welcome to CETT Hebrew School, 2009-2010! Contained in this packet are our Hebrew School enrollment application, medical form, and Hebrew School parent agreement.

We are pleased to announce that registration is already open and plans for the coming year are well on their way. We are working diligently to enhance our program with exciting activities and trips, with careful emphasis on Hebrew reading and writing.

This year, we are offering conversational Hebrew as part of ASK Fair Lawn, The new **After School for Kids** program at our center, for which you can register at www.ASKFairLawn.com.

Scholarships are available on a sliding scale up to full scholarships; download a scholarship form from the Hebrew School website and follow the instructions.

We will be offering our referral program for Hebrew school. Save \$50 off your total Hebrew school tuition for each new family that you refer!

Upon enrolling your child/ren, please enclose the following:

- 1) Completed enrollment application, by mail or in person.
- 2) A \$100.00 deposit per child, (credited towards tuition,) **Make checks payable to Bris Avrohom.**
- 3) The full balance for Hebrew School tuition paid by check, multiple post-dated checks, or valid credit card number to be charged monthly. Payment by credit card incurs a 2.5 % fee. Payment must be submitted before your child begins classes. No other payment arrangements will be accepted without direct approval of the Hebrew School Directors.

Please also consider donating to our scholarship fund which enables many children from families who cannot afford, to have a meaningful Hebrew School experience.

- 4) Completed medical information.
- 5) The Hebrew School parent agreement read and signed.

Rates and dates can be found on our Hebrew School website, www.FairLawnHebrewSchool.com.

We will accommodate on a first come – first served basis.

DO NOT BE LEFT OUT! PLEASE RESPOND TODAY!

Additional registration forms can be downloaded from our website. Please feel free to contact us with any questions you may have and for any additional information.

We eagerly look forward to learn and be inspired with your child/ren as proud Jews.

Sincerely,

Rabbi Mendel Zaltzman Mrs. Elke Zaltzman

Rabbi Mendel & Mrs. Elke Zaltzman
Hebrew School Directors



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PLEASE COMPLETE ALL THE INFORMATION REQUESTED, INCOMPLETE FORMS WILL NOT BE ACCEPTED.
All information is kept strictly confidential.

Family Name _____ Home Phone _____

Home address _____ City _____ State _____ Zip _____

E-mail address, **Mother** _____ **Father** _____

Father's Name _____ Occupation _____

Cell Phone _____ Business Phone _____

Mother's Name _____ Occupation _____

Cell Phone _____ Business Phone _____

Parents are: Married Widowed Divorced Separated. **Child lives with:** Mother Father Both Other _____

How did you hear about us? _____

Synagogue or Hebrew School affiliation _____

CHILDREN BEING ENROLLED

FIRST & HEBREW NAME	D.O.B	AGE	Male Female	GRADE ENTERING Sept 2009	DOES YOUR CHILD	DAY SCHOOL THAT YOUR CHILD ATTENDS	OPTIONS
			M F		<input type="checkbox"/> READ HEBREW <input type="checkbox"/> SPEAK HEBREW		SUNDAY 10:00AM – 12:30PM RUSSIAN CLASS SUNDAY 10:00AM – 12:30PM BAT MITZVAH DISCOVERY, SUNDAY 10-12:30 <input type="checkbox"/> SUNDAY 10am – 12:30pm \$600 annually <input type="checkbox"/> RUSSIAN CLASS \$600 annually <input type="checkbox"/> BAT/BAR MITZVAH DISCOVERY \$650 annually
			M F		<input type="checkbox"/> READ HEBREW <input type="checkbox"/> SPEAK HEBREW		SUNDAY 10am – 12:30pm \$600 annually RUSSIAN CLASS \$600 annually BAT/BAR MITZVAH DISCOVERY \$650 annually
			M F		<input type="checkbox"/> READ HEBREW <input type="checkbox"/> SPEAK HEBREW		SUNDAY 10am – 12:30pm \$600 annually RUSSIAN CLASS \$600 annually BAT/BAR MITZVAH DISCOVERY \$650 annually

Comments/allergy description/special needs/medication or anything you feel we should know about:

Does your child/ren have ADD or ADHD? Y / N

Does your child/ren have a shadow in Day School? Y / N

Please check your choice for method of payment: If you need a scholarship, please complete a scholarship form.
 Full payment by check enclosed. Head checks enclosed, dated the 1st of each month through May 2010.
 Please bill my credit card once a month.
 Credit Card info:
Name on Card _____ **Card Number** _____
Card type Visa. Master Card. Amex. My credit card billing address is the same as above. Exp. _____
 Billing address _____ Billing Zip _____ Billing phone _____

Are parents Jewish? Mother: Yes No **Father:** Yes No

Is the student a first born? Yes No

Father's Hebrew Name: _____

Mother's Hebrew Name: _____

Does your child have any learning difficulties with general studies? Yes No

If yes, please describe: _____

Child's previous Hebrew education (*if any*): _____

Were there any conversions and/or adoptions in the family? _____

Who: _____

Is anyone in the family a Kohen or Levi? _____

Who: _____

In case of an emergency, I request that CETT Hebrew School contact me.

If I am not within reach I request that the following person/people be contacted:

Emergency contact name _____ relationship to child _____

Phone 1 _____ Phone 2 _____

Family Physician _____ Phone _____

Medical Release: I hereby consent that the administration of CETT Hebrew School take whatever medical measures are deemed necessary for my child in the event of a medical emergency.

Hebrew School Parent Agreement

1. A non- refundable deposit in the amount of \$100 per child must be submitted along with this application. It will be credited towards tuition.
2. Referral discounts are subject to the terms stated on the Hebrew School website, save \$100 per referred family, see site for more details.
3. Payment options are:
 - A) Full balance before September 6th 2009. B) Credit card charged once for full balance or monthly.
 - C) Monthly head checks dated the 1st of each month. All checks must be submitted before classes begin.
4. I agree to the referral discount terms stated on the Hebrew School web site.
5. I understand that there are no refunds or credits for days missed due to illness, holidays, family vacations, or cancellations due to weather.
6. I understand that I will be charged based on the nine months of Hebrew School, September '09 – May '10
7. I have read the agreement, completed the forms and agree to all the terms stated.
8. I give my child/ren permission to attend all Hebrew school trips.
9. I agree that my/our child/ren be in Hebrew School photos & video and allow these to be used on the organization's website and in print.

Parent / Guardian Signature _____ Date _____

Income level form

to be completed by all applicants along with registration form.

Because our programs are funded in part by grants, we need this information to monitor the type of community we serve. Information is confidential, and not reported to any authority.

Last Name: _____

Childs name: _____

Childs name: _____

Childs name: _____

Childs name: _____

City: _____ Zip Code: _____

General status of income:

Please review the income level on the other side of this form to see what percentage you are in based on the amount of people that live in your household, and check your percentage below.

(Please check one)

Amount of people in household _____

30%: _____

50%: _____

60%: _____

80%: _____

Above 80% _____

Name of parent/guardian _____

Signature: _____

Please determine which percentage you are in and check it off on the other side of this sheet.

2009 Section 8 Income Limits

Extremely Low

30% Limits

One Person living in household	\$19,150
Two People living in household	\$21,900
Three People living in household	\$24,600
Four People living in household	\$27,350
Five People living in household	\$29,550
Six People living in household	\$31,750
Seven People living in household	\$33,900
Eight People living in household	\$36,100

Low

50% Limits

One Person living in household	\$31,900
Two People living in household	\$36,500
Three People living in household	\$41,050
Four People living in household	\$45,600
Five People living in household	\$49,250
Six People living in household	\$52,900
Seven People living in household	\$56,550
Eight People living in household	\$60,200

Low-Moderate

80% Limits

One Person living in household	\$44,800
Two People living in household	\$51,200
Three People living in household	\$57,600
Four People living in household	\$64,000
Five People living in household	\$69,100
Six People living in household	\$74,250
Seven People living in household	\$79,350
Eight People living in household	\$84,500

Over 80%

If you make more than the 80% you are in the **above 80%** level.