

ב"ה
JEWISH ENRICHMENT PROGRAM

For office use only:

Date Admitted: _____

Date Discharged: _____

APPLICATION FOR ADMISSION 2025 - 2026
PLEASE PRINT NEATLY

Name of Child _____ Nickname: _____

Hebrew Name _____ Birthdate ____/____/____ Grade _____

Address _____

City _____ Zip Code _____ Phone _____

Email address of child _____

Marital status of parents: _____

Are both parents Jewish? Yes No _____

Have there been any conversions or adoptions in the family (including parents, grandparents, etc.)?

Yes No If yes, please describe: _____

Father's Name _____
Title First name Last name Hebrew name

Occupation _____ Business name _____

Business Address _____

City _____ State _____ Zip _____ Phone _____

Pager _____ Cellular phone _____

E-mail _____

Mother's Name _____
Title First name Last name Hebrew name

Occupation _____ Business name _____

Business Address _____

City _____ State _____ Zip _____ Phone _____

Work Hours _____

Pager _____ Cellular phone _____

E-mail _____

Brothers and Sisters of child:

<u>Name</u>	<u>Birthdate</u>	<u>School</u>	<u>Grade</u>	<u>Living at home</u>	<u>Stepbrother/Sister</u>

Has your child had any previous Hebrew Education? Yes No _____

Does your child read basic Hebrew? Yes No _____

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

If yes, please describe: _____

Is there any additional information you would like to share about the specific needs or learning style of your child, or about your family? _____

FIELD TRIP PERMISSION

I give my child _____ permission to participate in field trips planned for the JEP. School vehicles or parents' vehicles will be used, with the proper supervision of teachers and parents.

CAR POOL AUTHORIZATION

The following people are authorized to take my child _____, to and from JEP.

1. Name _____ Phone (Home) _____ (Business) _____
Address _____ Town _____
2. Name _____ Phone (Home) _____ (Business) _____
Address _____ Town _____

INDIVIDUAL OR GROUP PICTURE PERMISSION

I grant permission for my child _____ to be photographed in an individual or group picture, which may be released to newspapers or used by the JEP at the discretion of the director.

Parent's Signature for all of the above: _____ Date _____

MEDICAL EMERGENCIES

A. In case of an emergency, when neither parent can be reached, give names of two people who will take responsibility for your child.

1. Name _____ Phone (Home) _____ (Business) _____

Address _____ Town _____

Relationship to student _____

2. Name _____ Phone (Home) _____ (Business) _____

Address _____ Town _____

Relationship to student _____

B. If parents cannot be reached and emergency medical advice is needed, permission is given to the Chabad Staff to phone my child's doctor:

Doctor _____ Phone _____

Address _____ Town _____

Doctor's Hospital Affiliation _____

C. In case of a medical emergency requiring immediate emergency care, I authorize a staff member who is certified in First Aid to provide care to my child. I authorize the Paramedics to take my child _____ to the nearest hospital, if necessary.

D. Allergic reactions to food and/or medication _____

Medication child is taking on a regular basis _____

Any special medical circumstances _____

Parent's Signature _____

Date _____

Tuition Schedule:

All classes (for grades Pre-K through 7) will take place on Sunday mornings from **10:00am until 12:00pm**. The cost is **\$800** per child for the year.

To ensure your child's space in the JEP program, please return the registration together with a (non-refundable) deposit of \$100.00 per child, which will be applied to your tuition bill. For financial arrangements other than those detailed below, please call Rabbi Tenenbaum at (847) 782-1800.

We hire and make commitments to our staff based on registrations received; therefore we cannot refund any deposits or tuition payments. We do not prorate the tuition fees based on attendance.

Tuition Plan

- Plan A: Full tuition paid by September 17
- Plan B: 4 payments, Sept 17, Nov 1, Dec 1, Jan 1
- Plan C: Personal payment arrangements with Rabbi Tenenbaum

Payment Method

- Check: post-dated checks must be included with this application. Please make checks payable to Jewish Enrichment Program.
- Credit Card: please note, you will be charged a 3% processing fee.

Name on Card _____ Credit Card Number _____

Expiration _____ CVC _____ Billing Zip Code _____

- I affirm that all the information that I have provided is accurate.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____