



928 Ponce de Leon Avenue, Atlanta, GA 30306
www.chabadintown.org * www.campganizzy.net * www.intownjewishpreschool.org *
www.intownjewishacademy.org * www.intownhebrewschool.org



REGISTRATION FORM 2018-2019

This form may be filled out online at www.intownhebrewschool.org

STUDENT INFORMATION

Child #1: Name _____ Hebrew First Name _____
Date of Birth First ___/___/___ Last Entering Grade _____ School _____

Child #2: Name _____ Hebrew First Name _____
Date of Birth First ___/___/___ Last Entering Grade _____ School _____

Child #3: Name _____ Hebrew First Name _____
Date of Birth First ___/___/___ Last Entering Grade _____ School _____

FAMILY INFORMATION

My child(ren) is/are a (check one): Kohen ___ Levite ___ Israelite ___ Not Sure ___

Are the natural mother and father of the child(ren) Jewish? Yes ___ No ___

If no, please explain _____

Please provide any allergy or other medical information we should know about:

PARENT INFORMATION

Mother's Name _____ **Email Address** _____

Address _____

Telephone #s: Home _____ Work _____ Cell _____

Father's Name _____ **Email Address** _____

Address _____

Telephone #s: Home _____ Work _____ Cell _____

EMERGENCY CONTACT: Name _____ Relationship _____

Telephone #s: Home _____ Work _____ Cell _____

In the event of an emergency, the Intown Hebrew School has my permission to arrange for any necessary first aid or care by a licensed physician for my child while he/she is attending school.

*I have completed the registration form and enclosed the **\$25.00** registration fee as well as the appropriate payment for my child(ren) to attend the Intown Hebrew School. I agree to pay the balance according to the Terms of Agreement.*

Signature of parent or legal guardian _____



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HEBREW SCHOOL PAYMENT PLAN

*Please note that your application is not complete without a payment plan see page.
Tuition arrangements must be made prior to the first day of school.*

Fees (please check all that apply)

- Hebrew School Tuition: \$750.00
- Book & Snack Fee: \$35
- Family Participation Fee: \$72 (Mandatory per-family fee, applied once)
- Contribute \$_____ towards a scholarship for a child in need
- Monthly Contribution of \$_____ to support Chabad Intown and the Intown Hebrew School

Payment options (check one)

- Pay in full
- Pay in 9 equal payments (beginning 9/1/2018 and ending 5/1/2019)
- Pay in two installments (9/1/2018 and 1/1/2019).

Payment method (check one)

- Check (checks must be paid with postdated checks)
- Credit Card (fill out the information below and we will charge your card per the option above)

CC (Circle One) Visa MC Amex

First Name _____ Last Name _____

Address _____

City _____ Zip _____

Card Number _____ Exp. Date ____/____

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