



Chabad Hebrew Academy
Preschool

Application

Application For Admission

Applying to enter: _____ in 2010

Student's Full Name: Last _____ First _____ Middle _____

Sex: M/F Hebrew Name (if known): _____

Date of Birth: ____/____/____ Place of Birth: _____ Age: _____

Language(s) spoken at home: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone:(____) _____ Family E-mail: _____

Please list other schools and educational programs attended:

School: _____ Date Attended: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

FATHER'S INFORMATION

MOTHER'S INFORMATION

Full Name: Last _____ First _____

Full Name: Last _____ First _____

Home Address (if different from student) _____

Home Address (if different from student) _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Home Phone:(____) _____

Home Phone:(____) _____

Cell _____ E-mail _____

Cell _____ E-mail _____

Place of Employment: _____

Place of Employment: _____

Business Address: _____

Business Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Profession _____ Position/Title _____

Profession _____ Position/Title _____

Work Phone (____) _____

Work Phone (____) _____



List any delays that your child may be experiencing in the areas of social, emotional, physical or language development: _____

How does your child handle separation from parents and caregivers? Changes in routine? _____

Does your child have specific dietary restrictions, allergies or other health concerns that require special attention? _____

Is there a significant incident, major event or experience (relocation, change in the family, loss of a loved one) that has occurred during your child's lifetime that may help us better understand your child? _____

Please list all medications that your child takes on a regular basis: _____

If your child has a transitional object (special blanket or toy, etc), please describe: _____

What expectations do you have of our program for your child? _____

Total number of children in family: _____

Name _____ Age _____ Sex _____ Present School _____

Name _____ Age _____ Sex _____ Present School _____

Name _____ Age _____ Sex _____ Present School _____

Was your child adopted: Yes No If yes, did child convert? _____ / _____ / _____

Please list names and relationships of any friends/relatives who have attended Chabad Hebrew Academy _____

Please list family religious affiliations: _____

We were referred to CHA by the _____ family.

PLEASE NOTE

Chabad Hebrew Academy receives more applications for admission than we can accommodate. The school attempts to admit students in the order that their applications are received. In order to be processed, all application forms must be complete and accompanied by the \$600 registration fee.



Tuition Schedule

2010-2011

SCHEDULE OF TUITION, FEES AND OTHER CHARGES 18 MONTH - PRESCHOOL REGISTRATION INSTRUCTIONS

Please mark your selection in the box next to the schedule of your choice.

Please be aware of the cut off date for children entering preschool. Be sure to sign your child up for the appropriate class.

- 18 Month program
- Two year old program:
- Three year old program:
- Four year old program:

TUITION

Day 8am - 12:15pm	Registration fee	Tuition Rate
Monday to Friday	\$600	\$6,995
Monday/Wednesday/ Friday	\$600	\$5,895
Tuesday/Thursday	\$600	\$4,295

Extended Day 8am - 3:30pm	Registration fee	Tuition Rate
Monday to Friday	\$600	\$8,095
Monday/Wednesday/ Friday	\$600	\$6,995
Tuesday/Thursday	\$600	\$5,895

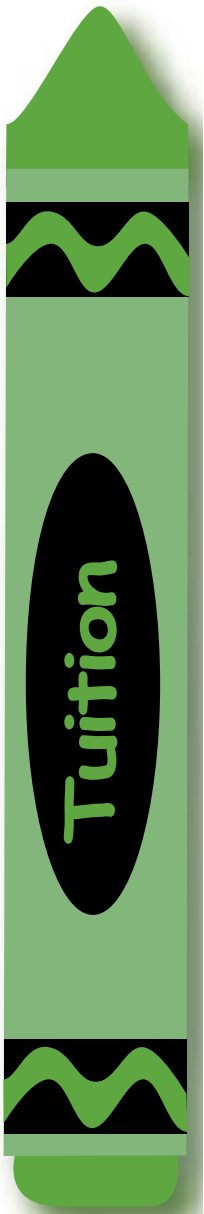
PAYMENT SCHEDULE:

(Please circle and initial your desired payment schedule)

Schedule A: The full year's tuition is paid by February 12, 2010. Families who elect Schedule A will receive an additional 1.5% discount. Direct payment can be made to CHA by check or credit card. A 3% additional charge will be made to those who pay by credit card. _____
Initial Here

Schedule B: 3 equal payments of the full year's tuition on February 12, 2010, May 2010 and November 2010. First payment is made directly to CHA by February 12th to be deposited on February 12. Enrollment in a FACTS tuition account by February 12th, 2010 is mandatory to complete the application. The 2 remaining payments of May 2010 and November 2010 will be processed by FACTS. _____ Initial Here

Schedule C: 10 installments of the total tuition amount with the first payment made directly to CHA by February 12th, 2010 and deposited on February 12. Enrollment in a FACTS tuition account by February 12th, 2010 is mandatory to complete the application. The 9 remaining payments from March 2010 through November 2010 will be processed by FACTS. _____ Initial Here



Tuition Contract

METHOD OF PAYMENT – FACTS TUITION MANAGEMENT SERVICES:

CHA utilizes FACTS Tuition Management Services for collecting and processing all tuition and fees. FACTS charges \$45 annually to process payment. There is a \$25 charge for any payment returned from the bank or NSF. For those who use credit cards, there is a 2.5% fee. Families who choose to pay the balance of tuition in full by February 12, 2010 are not required to set up a FACTS account. Please enroll in a FACTS tuition account by clicking on the e-cashier logo at www.chasd.org/tuition_fees.html or by requesting paper forms at the CHA Business Office.

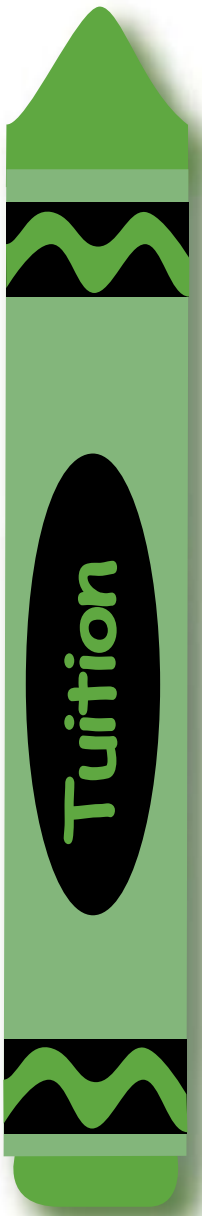
The privileges of Chabad Hebrew Academy will be denied to any student whose parents fail in their financial obligations to the school. The school reserves the right to withhold transcripts and/or grades, to deny attendance, and to dismiss students whose accounts include excessive overdue balances. (An excessive overdue balance includes being behind in payment for two or more months.) A late payment fee of 1.5% per month (18% per year) will be applied to any overdue accounts. Unpaid accounts will be subject to legal action for collection. Parents/guardians will be responsible for any/all legal and collection costs incurred by the school.

Referrals:

We would like to thank our parents for their dedication and commitment to CHA. Our school's mission is to provide a meaningful and positive Jewish foundation to the leaders of tomorrow. A strong CHA enrollment benefits all aspects of the school and allows many more students to receive a valuable Jewish education. CHA is honored to provide a \$500 tuition credit upon referral of any family that results in enrollment in Kindergarten through 8th Grade. CHA will provide a \$250 credit for every referral that results in a families enrollment in preschool. A \$250 tuition credit will be provided to the referring family for all newly enrolling Kindergarten through 8th grade families requesting tuition assistance. Only one referring family name may be written on each new family enrollment form and only one family will be issued the tuition credit. Newly enrolling families with both K-8 and preschool children will result in one tuition credit totaling \$500.

Transportation:

Transportation is available from La Jolla and Carmel Valley. The annual Transportation Fee for parents who sign their student up on or before February 12, 2010 is \$1050 per child. For those who sign up after February 12, 2010, the annual fee is \$1250. Space is limited. Transportation is also available from Oceanside and South Bay/Chula Vista. Please contact the office for more information.



Please return this enrollment packet and your registration fee to:

**Director of Admissions
Ms. Marci Germain
Chabad Hebrew Academy
10785 Pomerado Road
San Diego, CA 92131
Tel. 858.566.1996 ext. 1204
Fax. 858.547.8078**

ADMISSIONS CHECKLIST

- Completed and signed enrollment contract
- Registration Fee
- Tuition Fees and Schedules initialed and signed
- First Tuition Installment made out to CHA (Schedule B or C)
- FACTS account completed and verified

If you have any further questions, please feel free to contact:

**Director of Admissions
Ms. Marci Germain
858-566-1996 ext 1204
mgermain@chasd.org**

**Admissions Co-ordinator
Ms. Lisa Markman
858-566-1996 ext 1204
lmarkman@chasd.org**

**Business Office
Ms. Dina Carlebach
858-566-1996 ext 1219
ndcarlebach@chasd.org**

**Preschool Director
Ms. Adriana DiCarlo
858-566-1996 x 2112
adicarlo@chasd.org**