



Chabad Hebrew Academy  
Preschool

*Application*



# Application For Admission

## APPLICATION FOR NEW STUDENT

Applying to enter in 17/18:  Infant  18m/2 Year  2/3 Year Old  3/4/5 Year Old Program

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: \_\_\_\_\_

### PARENT INFORMATION

Last: \_\_\_\_\_ First: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address:(if different from student) \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Profession: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Work Phone:(\_\_\_\_) \_\_\_\_\_

### PARENT INFORMATION

Last: \_\_\_\_\_ First: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address:(if different from student) \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Profession: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Work Phone:(\_\_\_\_) \_\_\_\_\_



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

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

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

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: \_\_\_\_\_

Who referred you to the Chabad Hebrew Academy? \_\_\_\_\_  
\_\_\_\_\_

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 must be accompanied by the \$600 application fee.

FOR OFFICIAL USE ONLY

APPLICATION RECEIVED	
APPLICATION FEE RECEIVED	



# Tuition Schedule

2017-2018

## SCHEDULE OF TUITION, FEES AND OTHER CHARGES

Applying to enter in 17/18:  Infant  18m/2 Year  2/3 Year Old  3/4/5 Year Old Program

### TUITION

	<b>Half Day 8am - 12:30pm</b>	<b>Application fee</b>	<b>Remaining balance after registration</b>
<input type="checkbox"/>	Monday through Friday	\$600	\$8,975
<input type="checkbox"/>	Monday/Wednesday/ Friday	\$600	\$7,820
<input type="checkbox"/>	Tuesday/Thursday	\$600	\$5,775

### TUITION

	<b>Full Day 8am - 3:30pm</b>	<b>Application fee</b>	<b>Remaining balance after registration</b>
<input type="checkbox"/>	Monday through Friday	\$600	\$10,450
<input type="checkbox"/>	Monday/Wednesday/ Friday	\$600	\$8,980
<input type="checkbox"/>	Tuesday/Thursday	\$600	\$7,875

### INFANT TUITION

	<b>Mon-Thurs 8am-5:30pm Friday 8am-4:30pm</b>	<b>Application fee</b>	<b>Remaining balance after registration</b>
<input type="checkbox"/>	Monday through Friday	\$600	\$14,070

### PAYMENT SCHEDULE

Schedule A: The full year's tuition is paid by February 1, 2017. 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

2017. The first payment is made directly to CHA by February 1st to be deposited on February 1. Enrollment in a FACTS tuition account by February 1, 2017 is mandatory to complete the application. The 2 remaining payments of May 2017 and November 2017 will be processed by FACTS. \_\_\_\_\_  
Initial

Schedule C: 10 installments of the total tuition amount with the first payment made directly to CHA by February 1, 2017 and deposited on February 5. Enrollment in a FACTS tuition account by February 1, 2017 is mandatory to complete the application. The 9 remaining payments from March 2017 through November 2017 will be processed by FACTS. \_\_\_\_\_  
Initial



# Tuition Contract

## TUITION CONTRACT FOR THE 2017-2018 ACADEMIC YEAR

All tuition is payable in advance unless the parent has made arrangements to participate in the three payment or ten payment FACTS program. Enrollment is for the academic year that begins on August 29, 2017 and ends on June 14, 2018. **Tuition payments must begin on February 1, 2017.** If a student is accepted and enrolls after February 1, upon enrollment parents must remit all tuition payments missed between February 1, 2017 and the enrollment date. (Parent or guardian is asked to initial here to indicate agreement. \_\_\_\_\_)

Enrollment for the 2017-2018 academic year may be cancelled by submitting a written cancellation notice prior to May 1, 2017. Application fees are non-refundable. If enrollment is cancelled after May 1, 2017, the parent or guardian is obligated to pay the equivalent of three months' tuition. If cancellation occurs after July 1, 2017, the parent or guardian is responsible for the full year's tuition. (Parent or guardian is asked to initial here to indicate agreement. \_\_\_\_\_)

Payment of the application fee reserves a place for your student for the 2017-2018 school year. Registration is not considered final, however, until arrangements for payment of all tuition and fees have been finalized and this contract has been signed by the family and a representative of Chabad Hebrew Academy. (Parent or guardian is asked to initial here to indicate agreement. \_\_\_\_\_)

Enclosed please find my payment for the fees for: **Please check one**

- | <input type="checkbox"/> |                               | Age/Class                            | Days                           | Schedule                          |
|--------------------------|-------------------------------|--------------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> | Schedule A Full Tuition       | <input type="checkbox"/> 18 Month    | <input type="checkbox"/> M-F   | <input type="checkbox"/> Full Day |
| <input type="checkbox"/> | Schedule B 3 Equal Payments   | <input type="checkbox"/> 2 Years     | <input type="checkbox"/> M/W/F | <input type="checkbox"/> Half Day |
| <input type="checkbox"/> | Schedule C 10 Equal Payments  | <input type="checkbox"/> 3/4/5 Years | <input type="checkbox"/> T/TH  |                                   |
| <input type="checkbox"/> | \$180 Security Fee per family |                                      |                                |                                   |

I, we, agree to pay the above fees by: (Please check one.)

- Check
- Credit      Credit card information: \_\_\_\_\_ Expiration date: \_\_\_\_\_ CVV# \_\_\_\_\_

### SIGNATURE

By signing this application, I/we hereby acknowledge that all the information provided is accurate and complete. Omissions or inaccurate information may be grounds for dismissal if student has been accepted. I/we agree to pay all tuition and fees as stated above.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Preschool Director

\_\_\_\_\_  
Date

*This application can only be processed with the accompanying non-refundable registration fee. Please make checks payable to Chabad Hebrew Academy*





