

CHA Application For Admission

APPLICATION FOR NEW STUDENT

Applying to enter in___ : 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 _____

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

SCHEDULE OF TUITION, FEES AND OTHER CHARGES

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

TUITION

	Half Day 8am - 12:30pm	Application fee	Remaining balance after registration
<input type="checkbox"/>	Monday through Friday	\$600	\$9,530
<input type="checkbox"/>	Monday/Wednesday/ Friday	\$600	\$8,290
<input type="checkbox"/>	Tuesday/Thursday	\$600	\$6,130

TUITION

	Full Day 8am - 3:30pm	Application fee	Remaining balance after registration
<input type="checkbox"/>	Monday through Friday	\$600	\$11,080
<input type="checkbox"/>	Monday/Wednesday/ Friday	\$600	\$9,530
<input type="checkbox"/>	Tuesday/Thursday	\$600	\$8,350

INFANT TUITION

	Mon-Thurs 8am-5:30pm Friday 8am-4:30pm	Application fee	Remaining balance after registration
<input type="checkbox"/>	Monday through Friday	\$600	\$14,900

PAYMENT SCHEDULE

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

Schedule B: 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, is mandatory to complete the application. The 2 remaining payments of May and November 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. Enrollment in a FACTS tuition account by February 1, is mandatory to complete the application. The 9 remaining payments from March through November will be processed by FACTS. _____
Initial



Tuition Contract

Enrollment will be continuously renewed from year to year until graduation. This means that your child will return to CHA every year unless you cancel enrollment. All tuition is payable in February for the following year unless the parent or guardian has made arrangements to participate in the FACTS three payment or ten payment plan (Schedule B or C). Tuition payments must begin on February 1, annually. I hereby opt into continuous enrollment. **Initial here to indicate agreement.** _____

The application fee and first tuition payment will be drawn from your FACTS account on February 1st, each year as a down payment on the upcoming year's tuition. To cancel enrollment for the upcoming school year, a parent or guardian must inform the Business Office in writing by January 15. If a parent or guardian cancels enrollment after January 15, the February down payment will be non-refundable. **Initial here to indicate agreement.** _____

The annual February down payment may be refunded in the event of unique circumstances, such as a family relocating from San Diego or withdrawal at the request of CHA. Other unique circumstances may be presented to the Head of School and Business Office for consideration on a case-by-case basis. **Initial here to indicate agreement.** _____

Enrollment is not considered final, until arrangements for payment of tuition and fees have been finalized, and this contract has been signed by the family and a representative of Chabad Hebrew Academy. For your convenience, CHA utilizes FACTS for tuition collection services. All families electing to pay for school tuition in more than one payment must have a fully set up and completed FACTS account before admission is considered final. If any changes of account information are required, please notify the CHA Business Office. **Initial here to indicate agreement.** _____

Enclosed please find my payment for: **Please check one in each column**

- | | | 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 | |

\$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

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



