

2020/2021 APPLICATION FOR NEW STUDENT

Applying to enter:  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

PARENT INFORMATION

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

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

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

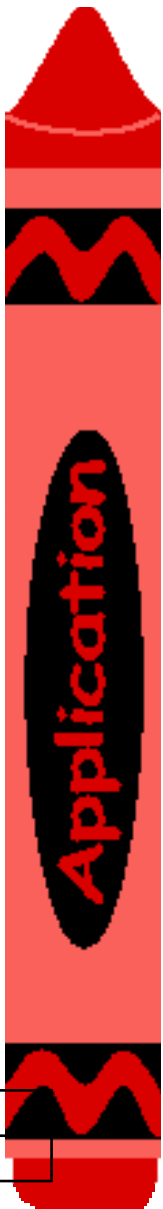
Who referred you to the Chabad Hebrew Academy? \_\_\_\_\_  
\_\_\_\_\_

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

## SCHEDULE OF TUITION, FEES AND OTHER CHARGES

Applying to enter:  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	\$9,820
<input type="checkbox"/>	Monday/Wednesday/ Friday	\$600	\$8,550
<input type="checkbox"/>	Tuesday/Thursday	\$600	\$6,320

### 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	\$11,420
<input type="checkbox"/>	Monday/Wednesday/ Friday	\$600	\$9,820
<input type="checkbox"/>	Tuesday/Thursday	\$600	\$8,600

### 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	\$15,350

### PAYMENT SCHEDULE

**Schedule A:** The full year's tuition is paid by January 31. 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 January 31. Enrollment in a FACTS tuition account by January 31, 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 January 31. Enrollment in a FACTS tuition account by January 31, 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 **January** 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 **January 31**, 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 **January 31st**, 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 **January 31** down payment will be non-refundable. **Initial here to indicate agreement.** \_\_\_\_\_

The annual **January** 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 completed & active 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.** \_\_\_\_\_

Please review the Tuition & Payment Schedule on the previous page to fill in the correct amount:

1.	Application (Non-Refundable)				\$600
2.	Tuition for above named student to attend Chabad Hebrew Academy				\$_____
3.	Security Fee (Per Family)				\$180
4.	Payment Schedule ( <i>Please circle from previous page</i> )	A	B	C	
					<b>Total:</b> \$_____
					\$_____

Enclosed please find my application fee and 1st payment of

I/We agree to pay the above fees by: (Please circle one)      Check      Credit Card

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*

