



Dr. Cy Gruberg Hebrew School

Where Judaism Comes Alive!



August 10, 2025
16 Av, 5785

Dear Parents,

We have exciting news to share about the upcoming 2025-2026/5786 school year at the Dr. Cy Gruberg Hebrew School. Coming This Fall! Exciting new curricula launching at the Dr. Cy Gruberg Hebrew School at Chabad of Ulster County!

Here's what your child will experience this year:

· **My Jewish Treasure** (Grades K–2):

Calling all explorers! Children will be diving into the incredible treasures of Judaism each week - mitzvot, traditions, values, and more! With interactive activities, games, and crafts, children will uncover the bounty of Jewish treasures in the past, their own lives, and the world around us. Each week, your child will collect a special “treasure token” to fill their personal “Jewish Treasures Chest” - while also discovering their inner treasures of kindness, confidence, and a strong Jewish identity.

· **Israel Quest** (Grades 3–5):

Get ready for an adventure! Children will journey through the epic story of the Jewish people from entering the Land of Israel, to building the Beit Hamikdash, and beyond! Each week, through immersive and creative activities, games, and adventures, children will step into the shoes of prophets, kings, and heroes, discovering the strength of our people and the unbreakable bond we share with our homeland.

At Chabad Hebrew School, we're committed to providing a warm and personal Jewish educational experience, where children learn to live the beauty and wisdom of Judaism every day - and have lots of fun along the way!

We are also continuing CKids Club, as a project of the Dr. Cy Gruberg Hebrew School. We encourage all of our Hebrew School students & their families to attend. We welcome all friends of our Hebrew School children to join.

We are continuing with the Aleph Champ reading program. This innovative method draws on the martial arts

motivational philosophy of color coded levels and testing. With professional and beautifully designed materials, the children work their way up the colors to be a “Black Aleph Champ!”

Hebrew School will begin this year, G-d willing, on Sunday, September 7th, 2025. All Jewish children are invited. Hebrew School will be every Sunday morning from 10:00 Am - 12 Noon.

On May 31, 2026, We will have our 'End of the Year Ceremony.' Please save the date.

At the Dr. Cy Gruberg Hebrew School of Ulster County, families of all backgrounds and affiliations are made to feel welcome. Please invite your friends to visit our Hebrew School to learn more about our unique programs and curriculum.

Thank you all for entrusting your children's Jewish education in our hands! Our goal is to instill in each child a strong positive Jewish identity. We are looking forward to an enriching and enjoyable year.

Wishing you all a happy, healthy and sweet New Year!

Please fill out the registration forms at your earliest convenience.

Register your child by ChabadUlsterCounty.org/HebrewSchool to secure their spot!

If you have any questions or want to learn more, please reach out to us at Office@ChabadUlsterCounty.org or 845-331-1176. Looking forward to a joyful and inspiring year ahead!

Tuition for Hebrew school 2025-2026/5786 is \$600 – No child will be turned away due to lack of funds, scholarships are available. Please Note: If you refer a child to our Hebrew School, you qualify for a 25% reduction in your tuition costs for your child.

Rabbi AB & Binie Itkin
Directors

REGISTRATION FORM

Please print clearly & complete all that applies.

Hebrew School Student Information				
Full Legal Name (e.g. Joshua Cohen)				
Name Used (e.g. Josh)		Jewish Name (e.g. Yehoshua)		
DOB	Age	Gender	School	Grade Entering In '25
Full Home Address				
Home Phone Numbers/s				
Fathers Name		Fathers Jewish Name (e.g. Moshe Chaim)		
Fathers Work Phone		Fathers Cell Phone		
Fathers Email				
Mothers Name		Mothers Jewish Name (e.g. Sarah)		
Mothers Work Phone		Mothers Cell Phone		
Mothers Email				
Students Email (if applicable)		Parent Status <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		
Is the natural mother of the child Jewish?		Is the mother's mother?		
Is the natural father of the child Jewish?		Is the father's mother?		
Have there been any conversions or adoptions in the family history? <i>If yes please include all backup & documentation. Please note all conversions must be made through a registered Beth Din that is certified by the Israel Rabbinate</i>				
Does your child(ren) have any learning difficulties with general studies?				

Payment (Make checks payable to Chabad of Ulster County)
Please Describe Payment Schedule

Help A Child
There are children whose parents who may not be able to afford the cost of Hebrew School. Can we call on you should we need to?

Parental Consent			
<ul style="list-style-type: none"> • I hereby permit my child to participate in all activities of the Hebrew School. • The parent / legal guardian who signs this registration form represents that he / she has full authority to do so. 			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Print Name</td> <td style="width: 33%; border: none;">Signature</td> <td style="width: 33%; border: none;">Date</td> </tr> </table>	Print Name	Signature	Date
Print Name	Signature	Date	

PLEASE WRITE CLEARLY

EMERGENCY INFORMATION

In case of an emergency please contact (other than parent).

Contact 1:

Name: _____ Affiliation: _____

Phone (all numbers that we can get in touch with them): _____

Contact 2:

Name: _____ Affiliation: _____

Phone (all numbers that we can get in touch with them): _____

Family Physician:

Name (practice & doctor): _____

Phone: _____

CONSENT FOR MEDICAL TREATMENT:

I hereby give full permission to the Hebrew School staff (a project of Congregation Agudas Achim & Chabad of Ulster County) to obtain necessary emergency medical treatment for my child _____ with the understanding that the family will be notified as soon as possible.

Signature of Parent / Legal Guardian _____ Date _____