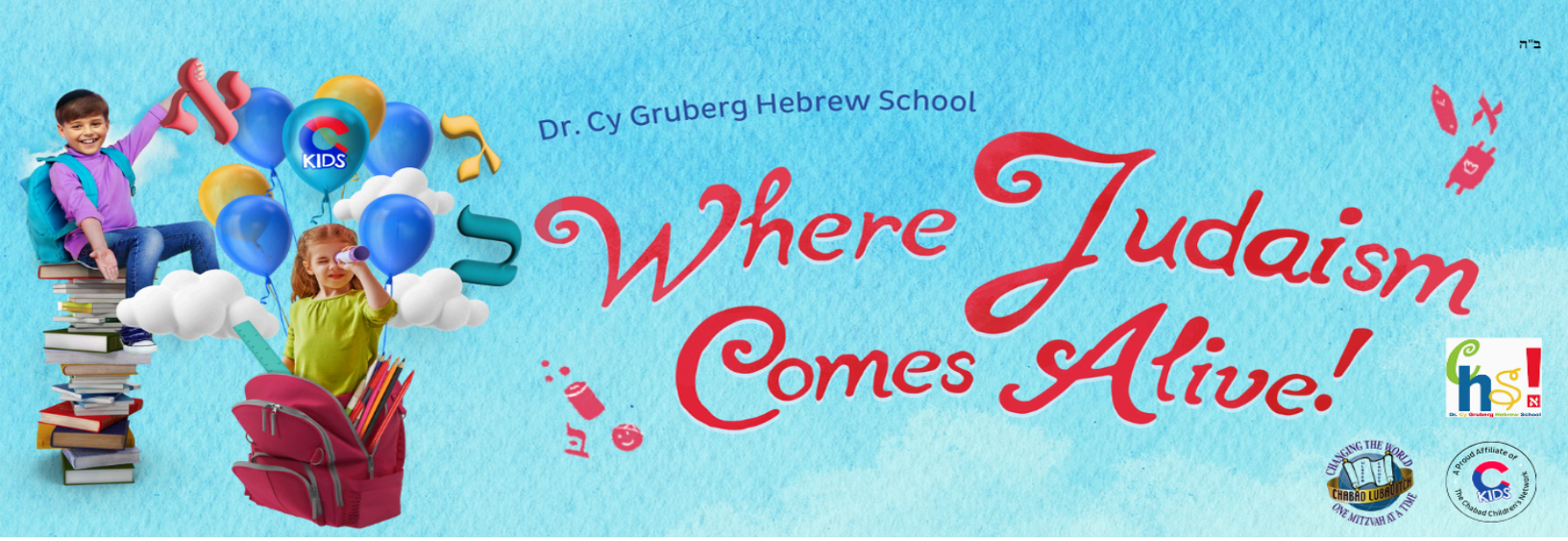

July 17, 2026
3 Av, 5786

Dear Parents,

We have exciting news to share about the upcoming 2026-2027/5787 school year at the Dr. Cy Gruberg Hebrew School. Coming This Fall! Exciting new curriculum launching at Chabad of Ulster County!

Here's what your child will experience this year:

At the Dr. Cy Gruberg Hebrew School, we are always looking for fresh ways to engage students and make Jewish education exciting and meaningful. This year, we have worked hard to assemble a comprehensive and engaging curriculum that will motivate your child to blossom. Using educational tools, such as theater, crafts, and STEM, this experience is bound to capture the attention of each student. We encourage children to take a leadership role and contribute to the classroom setting using their unique creative abilities.

This year we will be focusing on the Bereishit-Story of my life curriculum. We are also continuing CKids Club, as a project of the Dr. Cy Gruberg Hebrew School. We welcome all friends of our Hebrew School children to join.

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 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 Tuesday, September 8th.. All Jewish children are invited. Hebrew School will be every Sunday morning from 10:00 Am - 12 Noon starting on October 4, 2026.

On May 23, 2027, We will have our 'End of the Year Ceremony.' **Please save the date**! All extended families are invited to join.

At the Dr. Cy Gruberg Hebrew School of Ulster County, Jewish 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 2026-2027/5787 is $700. No child will be turned away due to lack of funds, scholarships are available. Please let us know if you need a scholarship form. 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 '26
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 □ Married □ Widowed □ Divorced □ 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? *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 Rabbinat*				
Does your chidl(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
● 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. **Print Name** **Signature** **Date**

PLEASE WRITE CLEARLY

EMERGENCY INFORMATION

In case of an emergency please contact (other then 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 _____