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Ellenville Hebrew School

By the grace of G-d

Elul 20, 5771
September 19, 2011

Dear Parents,

Thank you for your interest in the Ellenville Hebrew School. The Hebrew School is a joint project of Congregation Ansche Tzaydik and Chabad of Ulster County. We are very happy to have the privilege of teaching your child/ren for this coming year's Hebrew school.

Below please find the basic information if you still have any inquiries please feel free to discuss it with us at any time.

We will have two classes. One class will be for ages 5 – 8 and the other class will be for ages 9 and older. Each class will consist of two 45 minute sessions.

Hebrew school will take place at, Congregation Ansche Tzaydik, 186 Canal St. in Ellenville. Hebrew school will be on Tuesdays, starting on Tuesday, October 12th. The time is 4:00 p.m. – 5:30 p.m. *Please note that what the older children will be learning will be helpful towards their bar/bat mitzvah. The children will still need private lessons to fully prepare themselves for this special time.*

The costs for the school year of 2011/12 will be \$525 for the year per child. No one will be turned away do to lack of funds.

Please note that this information may change, and if it does we will inform you of the changes.

Thank you again for your interest, and we look forward to working together with you in your child's growth in Judaism.

Sincerely,

Rabbi AB & Binie Itkin

A Project of:

Chabad of Ulster County
19 Janet St, Kingston, NY 12401
www.ChabadUlsterCounty.org

Congregation Ansche Tzaydik
186 Canal St. Ellenville, NY 12428

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 '11
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	

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 Anshe Tzaydik & 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 _____