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Dr. Cy Gruberg Hebrew School of Ulster County

August 8, 2018
Av 27, 5778

Dear Parents,

Hope you all having a wonderful and enjoyable.

We miss all the children and look forward to seeing them all soon in Hebrew School 😊

Hebrew School will be every Wednesday, from 4:00-5:45 pm., at the Peter Schwalbe Center for Jewish Life Campus at 254 Lucas Ave.

This year we are excited to let you know that we will be continuing **CKids Club**, as a project of the Hebrew School. Children will have positive Jewish experience learning while enjoying hands on activities. They will leave each program feeling happy and excited about their Judaism. The CKids events will take place during Hebrew School times. Please put the dates in your calendars now as we encourage all of our Hebrew School students & their families to attend. We welcome all friends of our Hebrew School children.

Hebrew School will begin this year, G-d willing, on Wednesday, September 5, 2018. All Jewish children are invited. We will be starting off with learning all about the upcoming Holiday of Rosh Hashana.

If you know anyone who would like more information regarding the CKids Club or Hebrew School, please let us know or they can call Binie at: 347-410-0298.

We will be sending out a calendar of the schedule for the upcoming year of Hebrew School in the next few weeks.

May 29th will be the last day of Hebrew School. We will have our 'End of the Year Ceremony.'

We encourage all family to join us for this special day, as we celebrate all the children have accomplished and grown from the year!

Thank you all for entrusting your children's Jewish education in our hands!

We firmly believe that your child's Jewish education should be fun, upbeat, and interesting.

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.

Looking forward to a year of learning, growth and fun!

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

Attached are registration forms. If you have any questions or concerns, please do not hesitate to call or email.

Rabbi AB - 412-401-0238 Binie - 347-410-0298

Please fill out the forms at your earliest convenience. If you would like the forms to be mailed, please let us know.

We would like to thank our volunteer for Hebrew School, Renee Englander, who gives to the children each week! We are so fortunate to have Renee as part of our Hebrew School team.

Tuition for Hebrew school 2018-2019/5779 is \$500 – No child will be turned away due to lack of funds. 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

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 '18
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 Rabbinat</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 _____