

B"H



August 1, 2016

Dear Parents,

Once again, The Bertram & Beatrice King Chabad Hebrew School of Nashville opens its doors, giving a joyful and Jewish foundation for a lifetime of learning! With a nurturing environment, experienced and loving educators, and engaging curriculums, it is a welcoming place to families of all Jewish backgrounds and affiliations. Our Hebrew school has classes for children ages 4–11. Children ages 12 and 13 can be a part of the special CTeen program in which they will become leaders for younger students, have chesed activities, and go on special educational trips.

Our philosophy is that, if you plant with care and love, you give a child the knowledge and values they can use their whole life. The Bertram & Beatrice King Chabad Hebrew School, located on our beautiful Genesis Campus for Jewish Life, offers a warm and lively Jewish atmosphere where children can explore, grow, and flourish.

We endeavor that our students should...

- Attain a strong sense of love of Judaism and pride in being Jewish.
- Discover and explore the incredible history of the Jewish people, and see its relevance in today's day and age.
- Gain an understanding of the practices & traditions of Judaism.
- Learn about the morals, values & ethics taught by our Torah.
- Have a hands-on experience & appreciation for all Jewish holidays.
- Master Hebrew skills of reading & writing. Understand basic Hebrew words.
- Gain fluency in prayers so that the students feel confident participating in services.
- Connect with the land of Israel.

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At Chabad Hebrew School, we have the top notch "*Alef Champ*" program, which can motivate even the most reluctant reader to reach great heights and new fluency. Our new exciting "*Grow*" curriculum elective will help teach charity, empathy, as well as kosher culinary skills. We are excited for another great year of learning and look forward to growing together.

Hebrew School begins **Sunday, September 18th, at 10:00 AM** with a honey festival. Please send in your filled-in registration forms by August 21<sup>st</sup> to receive your gift of an awesome CHS backpack. You can return the enclosed registration form by mail or dropping it by our office.

Looking forward to great adventures in learning!

Morah Esther Tiechtel, Education Director  
The Bertram & Beatrice King Chabad Hebrew School  
615-646-5750 • office@chabadschools.com

*The Bertram & Beatrice King Chabad Hebrew School, 95 Bellevue Road, Nashville, Tennessee 37221*

# The Bertram and Beatrice King Chabad Hebrew School

*Where the joys of Judaism are brought to life*

## 2016 - 2017 Registration Application

### Student Information

Child's Last Name: \_\_\_\_\_ Gender : M  F

First Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Birth: \_\_\_\_\_ AM / PM Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

### Parent's Information

Father's Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Is Father: Kohen  Levi  Israel  Neither

Mother's Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Is Mother: Born Jewish  Jew by Choice  Neither

Are you affiliated with any synagogue? Yes  No  If Yes, Which one(s) \_\_\_\_\_

Occupations| Father: \_\_\_\_\_ Mother: \_\_\_\_\_

### Student Hebrew Education

Previous Hebrew Education: \_\_\_\_\_

Does your child read basic Hebrew? Alef-bet Letters  Vowels  Words  Fluent

Does your child have a particular learning style or learning challenge?  
\_\_\_\_\_

Were there any conversions and/or adoptions in the family? Yes  No

If yes, please explain \_\_\_\_\_

### Medical Information

Are there any medical or other information which we should be aware of? (Confidential)

\_\_\_\_\_

\_\_\_\_\_



## Emergency Contact Information

Person to be contacted in case of an emergency when parents cannot be reached.

Name: \_\_\_\_\_ Telephone # ( ) - \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ City/Town \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Telephone # ( ) - \_\_\_\_\_  
Medical Insurance Co.: \_\_\_\_\_ Policy # \_\_\_\_\_

### **Medical Release Form**

Participating in any Chabad Hebrew School activities and use of recreational facilities involves a risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by the Chabad Hebrew School I/We as an individual or as a parent/guardian of the participants named herein, assume all risk and hazards incidental to the activities and release from responsibility and agree to indemnify and hold harmless to the CHS /Chabad of Nashville, its officers ,directors, independent contractors, volunteers and all employees for any illness or injury to me, my children or family members occurring during his/her participation in any activities or any recreational facilities at/or conducted by CHS/Chabad of Nashville.

In case of emergency, I authorize Chabad Hebrew School to obtain medical treatment for children.

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail or bring forms to:

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95 Bellevue Road, Nashville, TN 37221



Schedule and Tuition Information  
2016–2017

The Bertram & Beatrice King Chabad Hebrew School welcomes children ages 3–14.

The 2016–2017 school year will begin on Sunday, September 18, 2016 at 10:00 AM

- We will meet for 26 Sundays throughout the academic year of 2016–2017. Weekly sessions are from 10:00 AM to 12:00 PM and include a morning snack.
- A calendar for the year will be emailed to you upon receipt of this application.
- Our scholastic year includes seasonal extracurricular Jewish fun activities and family workshops (all grades)

Tuition for year:	\$650.00	Book fee:	\$50.00
CTeen Tuition:	\$500.00	Book fee:	\$50.00

No child will be turned away for lack of funds. For more information, please inquire with the office.

**HEBREW SCHOOL TUITION AGREEMENT 2016- 2017**

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- PLAN A: You may pay the entire amount in full entitling you to a \$25.00 discount off of the regular tuition. (If paid by September 18, 2016.)
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Card Number: _____			
Name on Card: _____			
Expiration Date: ____ / ____		Amount to be Charged: \$ _____.	
Billing Address: _____			
<small>Street Address</small>		<small>City</small>	<small>State</small>
			<small>Zip</small>
Signature: _____			Date: _____
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