



COMMUNITY HEBREW SCHOOL *Where Judaism Comes to Life!*

Phone: 609-822-8500 Email: ella@ChabadAC.com Web: www.Chabadac.com

Dear Parents,

Welcome to the Community Hebrew School.

Enclosed please find a registration form, school calendar, and some general information for the upcoming school year. Please read this information and if there is anything you would like to discuss at any stage, feel free to call me at 609-822-8500 or email Youth@ChabadAC.com.

We are confident that by the year's end, along with Hebrew reading, learning about the holidays, and other Jewish topics, your child will have developed a deep love and respect for our precious heritage, as well as a strong Jewish pride. At CHS we will make Hebrew Education the beginning of Jewish learning, not the end.

We encourage you, as a parent, to get involved, ask questions and keep in touch with the goings-on of CHS.

Looking forward to an enjoyable and successful school year together.

Sincerely,
The Hebrew School Team!



David Ari & Michael Eric Zukin

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Program

For Children Ages: 4 - 13

Judaism comes to life for 2 hours each Sunday morning at our Hebrew School. Children will enjoy Jewish songs, art, theatre, games and treats. By exposure to the aleph-bet, holiday studies, Torah tales and prayer through song, a child gains a sense of pride and love for Judaism.

Time & Date: Sundays 10:00am-12:00am

Location: Chabad of Margate - 8223 Fulton Ave. Margate, NJ 08402

Attendance: If your child is not able to attend the program for any reason, please notify us in advance. Program starts promptly at 10:00a.m.

Snack: During Program there will be a 5 minute break during which the children will get a snack.

Tuition: \$900 per school year - Includes registration & supplies
No child will be turned away due to lack of funds.

Bar / Bat Mitzvah Lessons

The transition from child to teenager is an important milestone in any child's life. However, Chabad Community Hebrew School does not offer Bar / Bat Mitzvah lessons as part of its program. To inquire about Bar / Bat Mitzvah please contact your Synagogue or you can speak to Rabbi Avrohom Rapoport regarding a Bar / Bat Mitzvah ceremony at the Chai Center in Ventnor by calling 609- 822-8500.



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Curriculum

Community Hebrew School is dedicated to providing a positive environment that is sure to engage the mind and heart, thereby forming an everlasting impression - to last a lifetime. We therefore go to great lengths to create a very warm and exciting atmosphere, incorporating art projects, songs, games, and contests into all of our lesson plans. Our Center is a contemporary learning center that is committed to making each lesson relevant and interesting. Our “hands-on” learning style allows the children to experience authentic Judaism. CHS will teach children about caring for others, bringing the lessons to life, by enhancing their Midot Tovot - true morals and values. At CHS the children are happy to come and learn, because learning is fun!

1. Hebrew Reading

Our Hebrew reading curriculum - **Aleph Champ** - is the latest educational breakthrough around. Modeled after the Karate/Martial Arts motivational philosophy of color coded levels and testing, it provides excitement and inspiration, leading the student into a winning cycle of learning. Learning is on an individual basis, and each child is encouraged at his/her level.

2. Torah, Jewish History & Israel

The children will be introduced to the characters and stories of the Bible. An overview of Jewish history starting with creation to the giving of the Torah to modern day Israel will be taught through interactive stories and art projects. The students will gain an appreciation for our heritage and culture that has been preserved throughout the ages. They will study the Torah Portions, providing them with practical lessons that apply to our daily lives.

3. Jewish Values & Ethics

Using age-appropriate textbooks students will read and discuss real stories and case scenarios that have practical application to our everyday life. They will understand that our religion is based on a G-d given set of values and morals and that the “norm” is not always right. Beginning with the origin of the Mitzvot, our students will explore a personal Jewishness.

4. Shabbat & Holidays

Providing a deeper understanding of Shabbat, we will explore its traditions and customs, and the reasons behind them. Hands-on lessons for each Jewish holiday will fill the calendar as we begin with learning about the High Holidays and continue throughout the entire school year. By the end of each year, the students will have a deeper understanding and appreciation of each holiday, its traditions and customs.

5. Extra Curricular and Rewards

CHS will offer a variety of exciting extra curricular activities such as Friday night Shabbat dinners, family fun days and contests. These events will allow our students to experience Judaism in its entirety. A point system based on participation will allow students to earn rewards and prizes.



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Enrollment Form

Student Information

Name: _____

Hebrew Name: _____

Birth date: ____/____/____

Does your child read basic Hebrew? Yes No If Yes: Good Fair Poor What school does your child attend?

_____ Current Grade _____

Is the natural mother of the child Jewish? Yes No

Were there any conversions or adoptions in your family? Yes No If Yes please describe:

Additional comments: (Dietary needs, special learning challenges, talents, interests, etc...)

Parent Information

Address _____

City, State, Zip _____

Father's Name _____ Hebrew Name _____

Home Number _____ Work Number _____

Cell _____ E-mail _____

Mother's Name _____ Hebrew Name _____

Home Number _____ Work Number _____

Cell _____ E-mail _____



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Medical Form

Child's Name: _____
First Last Date of Birth

Father's Name: _____
First Last Cell Phone

Mother's Name: _____
First Last Cell Phone

Doctor's Name: _____
First Last Phone

Doctor's Address: _____
Street/Suite City Zip

Medical Coverage: _____
Insurance Company Policy Number

Allergies: _____ If any,
please list

Medical Conditions: _____ If
any, please explain

Vaccinations: Up to date with vaccinations? Yes No Date of last tetanus shot: _____ **Please List**

Two Emergency Contacts: (Non Parent)

Name Phone Relationship

Name Phone Relationship

Permission for Emergency Medical Treatment:

As the parent(s) or legal guardian(s) of _____, I/we authorize any adult acting on behalf of the Chabad at the Shore to hospitalize or secure treatment for my child. I further agree to pay for all charges for that care and/or treatment. It is understood that, if time and circumstances reasonably permit, Chabad at the Shore will try to communicate with me prior to such treatment.

I/we hereby give permission for my child _____ to attend all field trips and outings sponsored by Chabad at the Shore.

I grant chabad the right to photograph my child/children and use his/her/their picture, video or any other form likeness for the organizations promotion and advertisements:

Signature of Parent or Legal Guardian Date



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TUITION AGREEMENT

The following document is a tuition agreement for the Community Hebrew School. The agreement explains the tuition fees, payments plans and refund policies. Please read it through carefully and sign it on the line marked signature. The signed tuition agreement along with full payment must be submitted to the school office before any child may attend classes.

The tuition for the Chabad Hebrew School is \$900 per year per child.

You may choose from the following payment methods.

PLAN A: You may pay the entire amount in full.

PLAN B: You may pay the annual tuition in 4 payments by submitting 4 checks of \$225 each, dated September through December. All checks must be submitted before the first day of Hebrew School.

PLAN C: You may use your Visa or Master Card to pay the tuition. Your credit card will be billed 100 monthly September through May. To do so please include your credit card number and expiration date at the bottom of this page.

SCHOLARSHIPS: Chabad will not turn anyone down for lack of funds, please speak to Rabbi Avrohom Rapoport for Scholarship info 609-822-8500.

Signature Date

PAYMENT	
<input type="checkbox"/> I am enclosing full payment. <input type="checkbox"/> I will make 4 payments of \$225 <input type="checkbox"/> Please charge my credit card \$100 each month for 9 Months	
Method	
<input type="checkbox"/> I am enclosing a check(s) made out to CHABAD <input type="checkbox"/> Please charge my credit card	
<input type="checkbox"/> Charge my card. <input type="checkbox"/> MC <input type="checkbox"/> Visa	
Card No. _____	Expiration: _____ CVV# _____
Billing address _____	City _____ State _____
Zip _____ Amount _____	: Signature: _____

Please mail completed form and payment to: **Chabad at the Shore 21 S Troy Ave Ventnor, NJ 08406**
Or scan and email to info@chabadac.com