



Sunday, May 31, 2009

Dear Parents,

We are very excited about the upcoming Hebrew School Year. After the success of last year we are hoping to go from strength to strength and offer you child an even more successful year.

We are pleased to announce that we will be continuing with the very popular "aleph champ program".

In this packet you will find all the proper forms and scheduling for the upcoming year.

Please register your child as soon as possible. We are offering a 10% discount off the final tuition costs if registered and paid by Friday, June 19, 2009.

Note: the first day of the 09/10 Hebrew School Year will be on Sunday August 30, 2009.

For more information contact:

954-709-8773 or rabiadi@gmail.com.

Thank you,

Rabbi Adi

Rabbi Pinny Andrusier
Director
Rabbi Huda Andrusier
Administrator
Rabbi Adi Goodman
Program/Youth Director

Tel: (954) 252-1770
Fax: (954) 252-4901

10601 Stirling Road
Cooper City, Florida 33328

Synagogue

Chabad Hebrew For Juniors
Hebrew School

Torah Time
Adult Education

Holiday Festivals

Drug Prevention

Mezuzah, Tefilin, &
Kosher Campaign

Mashiach Awareness
Campaign

Bar/Bat Mitzvah
Club • Classes

Weddings

Men's/Sisterhood
Teen Club

Teen Torah Life Center

Hospital Visitation

Special Services

Bereavement

Counseling

www.ChabadTodayFlorida.com

RabbiPinny@aol.com

RabbiHuda@aol.com

RabbiAdi@gmail.com

Chabad of Southwest Broward Hebrew School for Juniors

Pembroke Pines /Davie/Cooper City Location

Telephone: (954) 252-1770

2009-2010 Registration

Fax: (954) 252-4901

Are you a **paid** member of Chabad? Yes ___ No ___

Child 1: Name _____ Hebrew Name: _____

Date of birth: ____/____/____ Time of Birth: ____:____ am/pm **School:** _____

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Child 2: Name _____ Hebrew Name: _____

Date of birth: ____/____/____ Time of Birth: ____:____ am/pm **School:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Childs Email Address:** _____

How will your child be arriving on Tuesday nights: Drop off ___ JCC after care ___

Family Information

Father:	Name _____	Mother:	Name _____
	Address (if different) _____		Address (if different) _____
	Home Phone (if different) _____		Home Phone (if different) _____
	Work Phone _____		Work Phone _____
	Cell Phone _____		Cell Phone _____
	E-mail address _____		E-mail address _____

Please check the box that best explains the fathers situation:

Jewish from birth Not Jewish Jewish by conversion

If converted, please provide Date, City, and Rabbi. _____

Please check the box that best explains the mothers situation:

Jewish from birth Not Jewish Jewish by conversion

If converted, please provide Date, City, and Rabbi. _____

Marital Status: Married ___ Separated ___ Divorced ___ Widowed ___ Other (Explain) _____

Where do the children reside? Both ___ Mother ___ Father ___ Other (Explain) _____

Important information

Physician's Name _____ Telephone _____

Insurance Company _____ Policy Number _____

Please describe any health situations or allergies and specify child's name. _____

Please describe any medications taken and specify child's name _____

Please describe any learning disabilities, e.g., ADD, dyslexia, and specify child's name _____

Emergency Contacts (other than parents):

Name _____ Telephone _____

Name _____ Telephone _____

People authorized to pick students up from Hebrew School:

Name _____ Relationship _____

Name _____ Relationship _____

Chabad of SW Broward

Credit Card Authorization Form

Date: ____/____/200__

**The following is a credit card authorization form for your signature.
We offer Visa and MasterCard. If you have any questions please call (954) 252-1770**

I, _____ hereby give authorization and permission to Chabad of SW Broward, to charge my visa or MasterCard.

Credit card # _____
exp. Date: ____/____/200__ CVS: *(three numbers on the back of card)* _____

the amount of \$ _____ One Time _____ through _____

Credit Card Billing Information

Name of card holder: _____

Billing Address: _____

City/State/Zip: _____

Phone Number: _____ Email: _____

Signature: _____ Date: _____

Due to the fact that Hebrew School will not be held in the JCC this Year, We will be providing complimentary transportation from the JCC aftercare to Hebrew school. If you would like your child to be picked up from after care you must fill out the permission slip and hand it in to Rabbi Adi, before the start of the Hebrew school Year.



I _____ Hereby allow my child(ren)_____

To be picked up from the David Posnak JCC aftercare program, and brought to the Chabad of SW Broward Hebrew School for Juniors, located at 10601 Stirling rd, cooper city, Fl. 33328, for the Tuesday night Hebrew school lessons.

- I allow my child(ren) to carpool with Rabbi Adi or any responsible driver that Rabbi Adi assigns.

- I allow my child(ren) to carpool only with Rabbi Adi.

Signed _____ Date _____