



CHABAD HEBREW SCHOOL

*Chabad Jewish Center of Laguna Beach, 30804 S. Coast Hwy. Laguna Beach, Ca. 92651
www.chabadoflaguna.com * (949) 499-0770 * Fax (949) 499-3947*

June 3, 2011

Dear Parents:

The Chabad Hebrew School enjoys a well earned reputation as a trendsetter in creative Jewish education. Our students come in with a smile, and leave humming a Hebrew song. Walking through the classrooms, you can hear the sounds of lively discussion, singing, laughter, and prayer. Imagine a child who feels the warmth and spirit of Judaism and then imagine the pride of his/her parents.

We are most excited to be part of the internationally acclaimed Aleph Champion Reading Program, modeled after the Martial Arts motivational philosophy of color coded levels and testing. Used in school around the world, it is time tested and proven to be the fastest and most effective method of teaching Hebrew reading!

We believe that children learn by experience. Our curriculum allows students to bake a Challah, make their own Shofar, participate in a Pesach Seder and more. As in the past, our program includes emphasis on Hebrew Reading, Conversational Hebrew, Jewish History, traditions, culture and prayer, taught by dynamic young women and men who bring excitement and great energy to each and every lesson. In addition, plans for our popular JYC Jewish Youth Club meetings are underway. You need not be affiliated with the Hebrew School to attend these monthly events, so bring your friends along!

Enclosed please find a registration packet for Fall 2011 - 2012. Please complete forms and return them to Chabad along with registration and tuition fees. If you have any questions, please feel free to reach me at the Chabad office at (949) 499 – 0770. Together we will make this year most memorable for your child!

Sincerely yours,

**Perel Goorevitch
Chabad Hebrew School
PG:wts**



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Registration and Application

PLEASE NOTE: RETURNING STUDENTS NEED NOT COMPLETE THIS SEGMENT, UNLESS THERE ARE CHANGES TO PHONE NUMBERS OR OTHER INFORMATION. ALL MUST COMPLETE AND SIGN SECTION B.

A. Student's Full Name _____ Hebrew _____
 Home Address _____ City _____ Zip _____
 Home Phone _____ Work Phone _____
 Parents Names _____ Cell # Mother _____ Father _____
 Email Address -Mother _____ Father _____
 Student's Date of Birth _____ Age _____ Previous Hebrew School _____
 2 Emergency Contacts, other than parents (name, relationship, and phone number) 1. _____
 2. _____
 Persons authorized to pick children up after Hebrew School _____
 Family Synagogue Affiliation _____
 Family Doctor _____ Date of last health exam _____
 Insurance information _____
 Does your child have any allergies? _____
 May we administer Tylenol to your child if needed? _____

Chabad Hebrew School has my permission to seek emergency medical attention for my child if unable to contact me - I understand that Chabad Hebrew School and its designated teachers are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment.

I agree that my child may participate in all school activities and school outings (with advance notice and information) and may be photographed for purpose of school advertising, for example in local newspapers, school brochures, etc.

B. REGISTRATION AND TUITION FEES

Registration and Book Fee - \$75.00.
 Annual Tuition \$750.00 for Chabad members; Non Members \$1,000.00
 Tuition/Registration must be paid in full before school begins.
 Payment Options are as follows:

1. Full amount in advance
2. Full amount in four postdated payments [Sep. 1; Nov. 1; Feb. 1; April, 1] upon registration.
3. 10 postdated checks (\$75.00 – members; \$100.00-non members) upon registration.

In the event of early withdrawal, payments will be returned minus one Months tuition.

Please understand that this is an ANNUAL fee that you are agreeing to, broken down to the above options for your convenience. The fee remains the same regardless of holidays, vacations, missed classes due to sports, illness, etc.

I agree to abide by the rules and policies of Chabad Hebrew School.

Signed _____ (Parents Signature) Date _____



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SCHOOL CALENDAR 2011 - 2012

Tuesday, September 13th	School Begins
Tuesday, September 20 th	High Holiday Workshop at School
Tuesday, October 18 th	Sukkot Holiday Program at School
(Sunday, Dec. 25 th - Main Beach Surfboard Menorah Festivities)	
Tuesday, Dec. 20 th	School Closed – Winter Break
Tuesday, Dec. 27 th	School Closed - Winter Break
Tuesday, February 7 th	Tu Bshvat/Jewish Arbor Day at School
Tuesday, February 21 st	Laguna Ski Week – School Closed
Tuesday, April 3 rd	School Closed - Passover/Spring Break
Tuesday, April 10 th	School Closed – Passover/Spring Break
Tuesday, June 19th	Last Day of School Graduation / Awards Presentation

This is a tentative calendar- You will be informed of any changes.
 Flyers will be sent home prior to special Holiday celebrations, youth club activities, or any events taking place at the Hebrew school.



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HEBREW SCHOOL SUPPLIES LIST

Dear Parents:

We are very excited about our upcoming semester, and we have planned a full, extensive and challenging program to take our students to even higher levels of learning. It is important that your child comes to school prepared and on time.

Please be advised of the supplies needed for the Hebrew School year.

Thank you for your cooperation. Together we will once again create a wonderful Hebrew School experience for your child!

Perel Goorevitch – Hebrew School Director

1. One three ring binder

2. One pocket folder

3. 2 pencils

4. Boys - Please wear a Kipah (Yarmulkah)

If you do not own one, we will happily provide one for you.



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QUESTIONNAIRE – PROSPECTIVE HEBREW SCHOOL STUDENTS

Name of Child _____ Hebrew Name _____

Date of Birth _____ Hebrew Date (if known) _____

Address _____

Home Phone _____ Work # _____ Cell# _____

Parents Name (Mother) _____ (Father) _____

Is the child a: Kohen _____ Levi _____ Israelite _____

Is the birth mother of the child Jewish? _____

Is the child's maternal grandmother Jewish? _____

Any conversions or adoptions in your family history? Yes _____ No _____

Name _____ Relation to child _____

Name of Rabbi / Bet Din who officiated the conversion _____

Date of Conversion _____ Place of Conversion _____

Does child read Basic Hebrew? _____

Preferred location of Bar/Bat Mitzvah Ceremony _____

Chabad Laguna Beach _____ Other _____ Catering Hall _____

Signed _____