

B"H



**Registration for CTeen Hebrew High**

Please register my child in the CTeen Hebrew High for the school year 2009-10.

Please fill out ALL of the following information requested:

Family name \_\_\_\_\_

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Hebrew name \_\_\_\_\_ Grade entering 8/09 \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Email address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Email address \_\_\_\_\_

Person to contact in emergency in addition to parents: \_\_\_\_\_ phone \_\_\_\_\_

Does your child have any health problems Yes/No

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

\_\_\_\_\_  
\_\_\_\_\_

I hereby permit my child to participate in all school activities and trips on and off the premises. I hereby authorize the school to have my child given care by a physician in the manner which the situation necessitates.

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

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## CTeen Hebrew High 2009- 10 Tuition & Payment Plan

CTeen Hebrew High is a project of Chabad Lubavitch of Upper Montgomery County. Class meets Sunday mornings, 10:30 - 12:00. Tuition is \$250 per teen for the school year. You can pay this with one payment or spread your payments over the school year. Please use this form to let us know your intentions. If you choose to pay by check, you do not need to fill in the credit card information. Simply indicate the dates we can expect to receive your check(s). Please make your check payable to Chabad. Credit card charges will be made on or about the 20th of the month.

Return this to Chabad in the enclosed envelope or mail your payment to:  
Chabad, 11520 Darnestown Rd., Gaithersburg, MD 20878.

Family Name \_\_\_\_\_

Teen's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Payment will be made each month by  check OR  credit card

Credit Card Number VISA/MC/AMEX/Discover \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration date \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_

Payment Amount \_\_\_\_\_ Month \_\_\_\_\_

Payment Amount \_\_\_\_\_ Month \_\_\_\_\_

Payment Amount \_\_\_\_\_ Month \_\_\_\_\_

Payment Amount \_\_\_\_\_ Month \_\_\_\_\_

Payment Amount \_\_\_\_\_ Month \_\_\_\_\_

Payment Amount \_\_\_\_\_ Month \_\_\_\_\_

Payment Amount \_\_\_\_\_ Month \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_