



CHABAD HEBREW SCHOOL

Chabad Jewish Center of Mountain Lakes, Boonton, Denville

ב"ה

Learn it. Live it. Love it.

Welcome to the Chabad Hebrew School!

The Chabad Hebrew School is designed for ages 6-13. It is a Jewish educational program that provides Hebrew Learning in a fun, hands-on, crafty, and meaningful way.

Our Hebrew School will give your child a solid foundation in the fundamentals of Judaism through Art projects, interactive activities and much fun! All lessons will be taught in a manner that will give the children a great appreciation of our rich Jewish heritage.

Hebrew READING: The Hebrew reading program will give your child the necessary tools to become a confident reader. We follow the Aleph Champ Reading curriculum, where each child progresses from level to level as s/he masters the Hebrew letters, then vowels and finally reading complete prayers. The Aleph Champ adopted the color system used in karate--“white belt to “black belt”-- to motivate Hebrew reading and add that touch of excitement! The children will receive awards with each passing level!

Jewish Holidays: We will explore the traditions and customs of Shabbat and the Jewish Holidays. 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 the year, the students will have a deeper understanding and appreciation of each holiday, its traditions and customs. Art projects, crafts and special workshops will bring our holidays to life and enable the children to bring home a taste of Jewish culture.

Torah, Jewish History & Israel: The children will be introduced to the characters and stories of the Torah. 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 also attain affection for the uniqueness of Israel, our homeland.

Our Hebrew School was created with one goal in mind - to offer all Jewish children, even those with little or no background, an education and memories that will inspire them for a lifetime. Our sessions will teach the children the beauty of our traditions and nurture a sense of Jewish pride, in a warm, loving and stimulating environment.

Families of all backgrounds and affiliations are made to feel welcome; synagogue membership is not required.

Enclosed please find a registration application form and some general information for the upcoming school year. If you have any questions, feel free to email our office at Rivky@ChabadML.com or call 973-551-1898.

We are looking forward to an enjoyable year together.

Sincerely,

Mrs. Rivky Dubinsky
Hebrew Art Room Director



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Age Levels

Ages 6 – 13

Dates and Times:

Sundays 10:30 am – 12:00 pm,
September through May

Session begins at 10:30 am. To maximize our learning time, your promptness is appreciated.
If your child is unable to attend a class, please notify us in advance.

Schedule:

10:30 – 11:00 Aleph Champ Hebrew Reading
11:00 – 11:15 Snack, Prayer and Lesson
11:30 – 12:00 Craft, Baking or Lesson Activity

The year is divided into five sessions. In each session, we focus on the upcoming Jewish Holiday in addition to a Jewish theme.

Snack:

During Hebrew School hours there is a 5-minute break. Snacks will be provided. Please do not send any snacks.

Tuition and Fees:

Yearly Tuition: \$750
(Includes Registration & Book Fee)

Bar/Bat Mitzvah

Bar/ Bat Mitzvah training and officiating the Bar/Bat Mitzvah ceremony is available for additional costs, for Jewish children, ages 11-13

Private tutoring is available upon request to help your child prepare for his/her special day. The lessons will also foster awareness and a great appreciation for a Jewish adult's responsibilities and role as a Jewish man or Jewish woman.

Bar and Bat Mitzva guides are available upon request.

Contact Information:

Hebrew School Director, Rivky Dubinsky: 973-551-1898
Email: Rivky@ChabadML.com

In case of an emergency during Hebrew School hours, call Rivky: 347-967-7720



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Registration Application 2019-2020

Please fill this out and return it with your tuition, registration and book fees.

PLEASE PRINT CLEARLY.

Student Information:

_____	_____	_____
Child's Last Name	Child's First Name (Legal)	Child's Hebrew Name
_____	_____	_____
Child's Preferred Name	Child's Current Age & Grade	Birth Date: English & Hebrew
_____	_____	_____
Child's E-mail Address		Home Phone Number
_____		_____
Home Address		Parent's E-mail Address
_____		_____

Religious and Educational History:

My child is: Jewish from birth* Not Jewish Converted

Are there any adoptions in your family (children, parents or grandparents)?

Have you or your spouse, parents, grandparents or children ever converted to Judaism? _____

Does your child read basic Hebrew? None Somewhat Well

Does your child have any difficulty with his/her general studies? _____

*mother is Jewish

Parents' Information:

Father:

_____	_____	_____
Last Name	First Name	Hebrew Name
_____	_____	_____
Work Telephone	Other Telephone	Occupation
_____	_____	_____
Name of Work	Address of Work	

Mother:

_____	_____	_____
Last Name	First Name	Hebrew Name
_____	_____	_____
Work Telephone	Other Telephone	Occupation
_____	_____	_____
Name of Work	Address of Work	



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Medical Form:

Child's Last Name	Child's First Name (Legal)	Date of birth
Father's Last name	Father's First name	Daytime Telephone
Mother's Last name	Mother's First name	Daytime Telephone
Child's Physician	Physician's Telephone	
Physician's Office Address: Street/City/Zip		
Insurance Company Covering the Child	Policy Number	Expiration Date

Please list below any psychological or medical conditions, medications currently being taken, dietary requirements, allergies (include allergies to medications), etc. pertaining to your child.

Is your child up to date with vaccination? Yes No Date of last Tetanus shot _____

Emergency Contact Person: (other than parent/guardian)

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

Last Name	First Name	Relationship to Child
Daytime Telephone	Address	

Permission for Emergency Medical Treatment:

I hereby give consent to the administration of the Chabad Hebrew School to take whatever medical measures they deem necessary, at my expense, for my child, _____, in the event of a medical emergency.

Parent/Guardian's Signature	Printed Name of Parent/Guardian	Date
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Please mail completed forms to:

Chabad Hebrew School Office
6 Gregory Drive
Boonton, NJ 07005