



# 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](mailto:Rivky@ChabadML.com) or call 973-551-1898.

We are looking forward to an enjoyable year together.

Sincerely,

*Mrs. Rivky Dubinsky*  
Hebrew School Director



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## **Age Levels**

Ages 6 – 13

## **Dates and Times:**

Sundays 10:30 am – 12:00 pm,  
October 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  
11:15 – 12:00 Craft, Baking or Lesson Activity

The year is divided into three sessions. In each session, we will focus on the upcoming Jewish Holiday and learn about another 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 at 347-967-7720.



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## Registration Application 2020-2021

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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## **Authorized Persons To Pick Up Your Child:** *(other than parents/guardians)*

|                    |                     |                                   |
|--------------------|---------------------|-----------------------------------|
| _____<br>Last Name | _____<br>First Name | _____<br>Daytime Telephone Number |
| _____<br>Address   |                     | _____<br>Evening Telephone Number |

|                    |                     |                                   |
|--------------------|---------------------|-----------------------------------|
| _____<br>Last Name | _____<br>First Name | _____<br>Daytime Telephone Number |
| _____<br>Address   |                     | _____<br>Evening Telephone Number |

## **Parental Consent:**

I hereby permit my child \_\_\_\_\_ to participate in all school activities and to join in class and school trips on and beyond school properties and use any transportation selected by the Chabad Hebrew School.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Referral:** How did you hear about the Hebrew Art Room? \_\_\_\_\_

## **Tuition Agreement:**

Tuition: \$750

(Includes Registration and Book fee)

\*Please note: All fees are non-refundable

*Choose from the following payment options:*

# 1: **Payment in Full** (by October 8, 2020)

\_\_\_\_\_  
Signature of Payee Date

# 2: **Pay in two installments.** (2/3 of tuition by October 8, 2020 and 1/3 by January 1, 2021.)

I, \_\_\_\_\_, do hereby state that I will pay \_\_\_\_\_'s

Name of Payee

Name of Student

Hebrew School tuition of \$750 to Chabad of Mountain Lakes in two payments. The first payment of \$500 will be paid by October 8, 2020 and the following payment of \$250 will be paid by January 1, 2021.

\_\_\_\_\_  
Signature of Payee Date



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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 \_\_\_\_\_

**Please mail or drop off completed forms with payment:**  
**Chabad Hebrew School Office**  
**6 Gregory Drive**  
**Boonton, NJ 07005**