



## Hebrew School Registration Form '23-'24

- We are delighted that you are registering your child/children in our Hebrew school! Please be advised that in order for children to attend Hebrew School, you must be a paid member of Congregation Ahavat Olam. If you have any questions regarding membership, please contact our President, Marc Freedman, at: [president@ahavatolam4all.org](mailto:president@ahavatolam4all.org)
- The 2023-24 school year begins Sunday, October 1st, 2023 and ends Sunday, May 19th, 2024.
- Classes for grades K-7 are offered on Sundays, 9:30 am to 11:30 am, and for grades 6-7 on Tuesdays from 4:00 to 6:00 pm.
- 8th grade and High School classes are offered on alternated Sundays, once a month, between 12-1:30 pm.
- For more info, visit [ahavatolam4all.org/hebrew-school/](http://ahavatolam4all.org/hebrew-school/)

**Please complete one per student**

Email

Student's Full Name

Student's Full Hebrew Name

Student's Email Address (If you wish to share)

Student's Date of Birth

Grade Level ('23-'24)

Please describe your child's learning style and provide any information that may help the teacher succeed in working with your child

Special education information: Does your child have an IEP/504 plan in regular school? We are able to develop a more positive learning environment for each child when this is communicated in advance. If your child is currently under a plan, we hope you feel comfortable sharing the details with us, so the classroom teacher can be better prepared for your child's needs.

- No: The student has no IEP/504 plan
- Yes: This Student has an IEP/504 plan and we feel comfortable to share with the Education Director
- Yes: This student has an IEP/504 plan but we will not share with the Education Director

Please describe what your child likes (e.g., karate, acting, strawberries, Harry Potter, etc.)

Allergies, food restrictions, other health considerations, and medications that might need to be administered at Hebrew School

Medication authorization: I authorize the Hebrew School to administer medications that I have supplied for medical conditions noted above. I have supplied the following medications to the Director of Education, and instructions are attached to the medications supplied

- Yes
- No
- N/A

Tuition - Check all that apply

- K-7: \$750 (includes books and supplies)
- 8-12: \$300 (includes books and supplies)
- Grade 3 Only- Additional \$36 for Siddur given at consecration ceremony (subsidized by Hebrew School)

Primary Guardian's Full Name

Student's Primary Address

Primary Parental Phone Number

Home:

Cell:

Secondary Guardian's Full Name

Student's Secondary Address (if different)

Secondary Phone Number  
Home:  
Cell:

Alternative Emergency Contact: First and Last Name

Alternative Emergency Contact's Relationship to the Student

Alternative Emergency Contact: Primary Phone Number

Alternative Emergency Contact: Secondary Phone Number

You may pay tuition online at:  
[Ahavatolam4all.org/hebrew-school](http://Ahavatolam4all.org/hebrew-school)

OR send your payments to:

Congregation Ahavat Olam  
PO Box 144  
North Andover, MA 01845

- I will be paying online  
 I will be be paying by check

**We are looking forward to seeing you for another exciting year at  
Congregation Ahavat Olam Hebrew School!**