



14 Harold Street Tenafly, NJ 07670 • tel (201) 871-1152 • fax (201) 871-4181
LPS@chabadlubavitch.org • www.chabadlubavitch.org/school

Application for Enrollment 2012-13

(one application per child)

A valid credit card will be required at the end of this form in order to accept your application. If you prefer to pay by check, a credit card is still required but we will allow you one week from the date your application is submitted to mail in your payment. If we do not receive your check within one week your card will be charged.

STUDENT INFORMATION

Student's First Name: _____ Last Name: _____

Student's Hebrew Name: _____

Language spoken at home other than English: _____

Student's Birthday: ____/____/____ Student's Hebrew Birthday: ____/____/____

Student's Gender: ___ M ___ F

Address: _____

City: _____ State: _____

Zip: _____

Phone: _____

APPLYING FOR GRADE:

Toddler (2 yrs by October 15th)

Transitional Nursery (3 yrs by January 15th)

Pre-K (4 yrs by October 15th)

1st Grade

3rd Grade

Nursery (3 yrs by October 15th)

K (5 yrs by October 15th)

2nd Grade

Have you previously applied to Lubavitch on the Palisades School? ___ Yes ___ No

If so when? _____

Please list all current and previous schools and/or camps your child has attended.
School or Camp phone number of director/ principal

_____ Date attended _____

_____ Date attended _____

_____ Date attended _____

_____ Date attended _____

Has your child ever been evaluated by early intervention, Bergen County Special Services, or a speech/occupational therapist? If so, please specify the names and include reports with this application:

Has your child received any type of intervention, occupational/speech/early intervention therapy, or long term medical treatment? Please specify names, dates, and reasons:

FAMILY INFORMATION:

Are both biological parents living? Yes No

Parents are: Married Divorced Separated Widowed Single

If parents are remarried, please indicate the name of the step-parent: _____

If parents are divorced, admissions correspondence should be sent to: Mother Father Both

SIBLING INFORMATION:

Sibling Name	DOB	Current School	Attended LPS? (yes/no) If yes, specify year

FATHER/GUARDIAN INFO:

Title: _____ Father Name: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____

Name of Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

MOTHER/GUARDIAN INFO:

Title: _____ Mother Name: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____

Name of Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Is the child's biological mother Jewish? ___yes ___no
If no, has the child or child's mother had a conversion? _____
If yes, please provide conversion certificate.

GRANDPARENTS INFORMATION:

Maternal Grandparents: _____

Address: _____

City: _____ State: _____ Zip: _____

Paternal Grandparents: _____

Address: _____

City: _____ State: _____ Zip: _____

SYNAGOGUE AFFILIATION

Name of Synagogue, City & State: _____

Name of Rabbi: _____

No affiliation

PARENT/GUARDIAN RECOMMENDATION

If your child has any special considerations, including health issues or special needs which you feel Lubavitch on the Palisades School should be aware of, please describe briefly:

How did you hear about Lubavitch on the Palisades School? _____

Why do you feel Lubavitch on the Palisades School is the appropriate school for your child?

PRICING AND HOURS

PRESCHOOL

Toddler (2 yrs by October 15 th)	9:30am to 12:30pm	\$6,850
Trans. Nursery (3 yrs by Jan 15 th)	9:00am to 1:45pm	\$7,975
Nursery (3 yrs by October 15 th)	9:00am to 1:45pm	\$7,975
Pre-K (4 yrs by October 15 th)	9:00am to 3:00pm	\$8,700
K (5 yrs by October 15 th)	8:30am to 3:00pm	\$9,995

ELEMENTARY SCHOOL*

1 st – 3 rd Grades	8:30am to 3:00pm	\$10,800
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*Based on hours for 2011-2012, subject to change dependent on bus company.

Sibling Discount- \$360 off one child

Twin Discount- \$500 off one child

Early Drop Off

- 8:30-9:00am \$700 (Toddler-Pre-K)
- 9:00-9:30am \$700 (Toddlers Only)

Extended Care

- 12:30-1:45pm \$1,500 (Toddler)
- 1:45-3:00pm \$1,800 (Toddlers+Nursery)

Security Fee \$360 per family

PAYMENT INFORMATION

**Register before Dec 15th and stay at last year's fee of \$770 per child.
Register on or after Dec 16th and the fee increases to \$950 per child.
The registration is non-refundable.**

Note: this fee does NOT get applied towards the cost of tuition.

Card Number: _____ Exp date: _____

Full Name on card: _____

Address of Cardholder: _____

CVV Security Code: _____

Billing Zip Code: _____

***I have attached a check for \$770.00 made out to Lubavitch on the Palisades School.**

By my signature, I attest that the above information is correct and that I am aware that class placement is at the discretion of the Director.

Parent's Signature: _____

Date: _____