

# CHABAD BONDI SUNDAY HEBREW SCHOOL

## 2020 REGISTRATION

**Date** .....

**PLEASE WRITE CLEARLY AND ANSWER ALL SECTIONS**

Surname	
Given Names (English)	
Hebrew Name (If known)	
English Date of Birth (day / month / year)	
Hebrew Date of Birth (if known)	
Age	
School	
Year/Class	
Gender	
Father's Name	
Mother's Name (and Surname if Different)	
Father's Email	
Mother's Email	
Father's Contact Number	
Mother's Contact Number	

### Payment Options

\$15 per day or \$100 per Term

There will be a one-time registration payment of \$99 (which will include the *Aleph Champ* Hebrew reading curriculum).

- PayPal
- Cheque
- Credit Card
- Cash

Please email completed documents to [mendy@chabadofbondi.com](mailto:mendy@chabadofbondi.com) or drop off at the Chabad Bondi office - 25 O'Brien Street Bondi.