



GAHELET HEBREW SCHOOL
GREAT NECK
 5 Old Mill Road, Great Neck, NY 11023
 Email: Gahalet@live.com
www.gahalet.com

2022 – 2023 Registration Form
ONE DAY – SUNDAY

Last Name (English) _____ שם משפחה בעברית _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____
 Mother's Name: _____ Father's Name: _____
 Mother's Cell: _____ Father's Cell: _____
 Mother's Email: _____ Father's Email: _____

Student Name	Date of Birth	Grade	Allergies	Tuition	Security	Breakfast
				\$2000	\$120	\$100
				\$1900	\$120	\$100
				\$1800	\$120	\$100
			Total:			

Please check one:

- Yes, allow the use of my child/ren pictures on Gahalet website and Facebook page.
 No, I don't allow the use of my child/ren pictures on Gahalet website and Facebook page.

No child will be insured if payment has not been received.



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Option A	Full payment of tuition by check or cash is due with this registration form.
Option B	<p>Full payment of tuition using a combination of payment methods (Cash, Check or Credit Card is due with this registration form.</p> <p>For credit card please provide expiration date, CVV and zip code.</p> <p>Payment plan will charged on: 5/22, 6/22, 07/22, 08/22.</p> <p>All tuitions must be paid in full before school begins.</p>
<p>Please note if paying by credit card, a 3.5% + .15 surcharge will be added by the credit card processor.</p>	
<p>*****No refunds after October 19, 2022*****</p>	



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Child Release Form

At Gahalet, our first and foremost goal is to keep our children safe. In order to do that, we request that you will provide us with the names of all adults (including parents) authorized to pick up your child/ren at the end of each school day.

Important:

1. Your child/ren will **NOT BE RELEASED** to anyone else unless we have the name of that person on file.
2. You must contact us in writing if there are any changes!

Name of Child/ren

Names of Authorized Adults for Pick Up	Relation to Child

 Signature of Parent

 Date



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If paying by check:

Make checks payable to: **Gachelet School**

Amount paid by check: _____ Check number: _____

If paying by credit card, please complete and sign the form below:

Credit Card (*Please circle one*) MC/Visa/Amex Amount paid by credit card: _____

Credit Card Number: _____

Exp. Date _____ CCV#(3 or 4 digits) _____

Name as it appears on credit card-**Please Print** _____

Billing Address _____ Zip Code _____

Signature of Cardholder _____

For payments by mail, please mail this form to:

Eti Eliyahu, Gachelet School Principal 17 Hicks Lane, Great Neck, NY 11024 Tel: 917-543-0820

For Gachelet Use Only:

Date	Amount Paid	Payment Method	Remaining Balance