



**GAHELET HEBREW SCHOOL**  
**OLD WESTBURY**  
 21 Old Country Road, Old Westbury, NY 11568  
 Email: [Gahalet@live.com](mailto:Gahalet@live.com)  
[www.gahalet.com](http://www.gahalet.com)

**2022 – 2023 Registration Form**  
**TWO DAYS-Tuesday/Thursday**

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
				\$2550	\$150
				\$2450	\$150
				\$2350	\$150
			<b>Total:</b>		

**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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<b>Option A</b>	Full payment of tuition by check or cash is due with this registration form.
<b>Option B</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><b>All tuitions must be paid in full before school begins.</b></p>

**Please note if paying by credit card, a 3.5%+.15 surcharge will be added by the credit card processor.**

**\*\*\*\*\* No refunds after October 19, 2022\*\*\*\*\***



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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

