



GAHELET HEBREW SCHOOL
TEMPLE ISRAEL OF GREAT NECK
108 Old Mill Road Great Neck, NY 11023

2026-2027 REGISTRATION FORM
ONE DAY – SUNDAY | 9:30 AM – 12:30 PM

Last Name (English): _____ (Hebrew): _____

Home 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	DOB	Grade	Allergies	Tuition	Security	Breakfast	Total
1.				\$2,650	\$175	\$125	
2.				\$2,550	\$175	\$125	
3.				\$2,450	\$175	\$125	
4.				\$2,350	\$175	\$125	
						Total:	



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Payment Options

A. Full Payment	Full payment of tuition by check, cash or credit card is due upon receipt of this registration form.
B. Payment Plan	Can be split into 2 or 3 Equal Payments Due on 7/5, 8/2 and 9/6, due upon receipt of this registration form (Including Credit Card Information, Post-Dated Checks, etc.)
• All tuition(s) must be PAID IN FULL before school begins • Payments by Credit Card will require the card's Expiration Date, CVV and Billing Zip Code • Payments by Credit Card will be subject to an additional 3.5% + .15 cents surcharge by the credit card processor No child will be insured if payment has not been received in full *** No Refunds after Sunday, October 4th, 2026 ***	

Photos

Please Check One:

_____ Yes, I allow the use of my child/ren pictures on the Gahelet School website and Social Media pages

_____ No, I don't allow the use of my child/ren pictures on the Gahelet School website and Social Media pages



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Child Release Form

At Gahelet, ensuring the safety of our students is our top priority. In order to do that, we request that you provide us with the names of all adults (including parents) who are authorized to pick up your child/ren at the end of each school day.

Please Note:

- Your Child/ren **WILL NOT BE RELEASED** to anyone who's name isn't listed on this form
- You must contact us in writing if there's any changes to this list

Name of Child/ren

Names of Authorized Adults for Pick Up	Relation to Child
1.	
2.	
3.	
4.	
5.	

Parent Signature: _____ Date: _____



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Payment Form

Payments by Check:

Make checks payable to: **Gahelet School**

Check Amount: \$ _____ Check Number: _____ Check Date: _____

Check Amount: \$ _____ Check Number: _____ Check Date: _____

Check Amount: \$ _____ Check Number: _____ Check Date: _____

Payments by Credit Card: (Please Complete and Sign Below)

Card Type (Circle One): Visa / AmEx / MasterCard

Credit Card Number: _____

Name on Credit Card: _____

Exp. Date: _____ CVV #: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Amount Paid by Credit Card: \$ _____ Date: _____

Amount Paid by Credit Card: \$ _____ Date: _____

Amount Paid by Credit Card: \$ _____ Date: _____

*****Please Inform Us If Your Card Has Been Changed or Renewed*****

Cardholder Signature: _____ Date: _____

Payments Sent By Mail or Email, Please Send To:

Eti Eliyahu, Gahelet School Principal

Email: Gahelet@Live.com

Tel: (917) 543-0820



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For Gahelet Use Only:

Payment Date	Payment Method	Amount Paid	Remaining Balance