



July 24, 2024  
18 Tamuz 5784

Dear Parents,

We have exciting news to share about the upcoming 2024-2025/5785 school year at the Dr. Cy Gruberg Hebrew School. Our school will be introducing an innovative new curriculum called “Light House: Making My Home Hashem's Home.”

Throughout the year, students will explore how we can make Hashem (G-d) feel welcome in our world, through the mitzvot we do in our daily lives. Inspired by the teachings of the Lubavitcher Rebbe, each lesson centers on ways to make our homes a place where Hashem is known. Topics include celebrating Shabbat, making blessings, honoring parents, giving charity, and much more. And of course, each lesson includes hands-on STEM activities that will keep the kids excited and engaged at every step!

We can't wait to see this new curriculum empower another year of proud Jewish kids, and we would love for your family to be a part of this exciting journey. For more information or to enroll your child in the Dr. Cy Gruberg Hebrew School, please contact Binie at [Office@ChabadUlsterCounty.org](mailto:Office@ChabadUlsterCounty.org) or call 845-331-1176.

We are also continuing CKids Club, as a project of the Dr. Cy Gruberg Hebrew School. We encourage all of our Hebrew School students & their families to attend. We welcome all friends of our Hebrew School children to join.

We are continuing with the Aleph Champ reading program. This innovative method draws on the martial arts motivational philosophy of color coded levels and testing. With professional and beautifully designed materials, the children work their way up the colors to be a “Black Aleph Champ!”

Hebrew School will begin this year, G-d willing, on Wednesday, September 11, 2024. All Jewish children are invited. Hebrew School will be every Wednesday, from 4:30-6:00 pm., at the Peter Schwalbe Center for Jewish Life Campus at 254 Lucas Ave. There is an option this year to drop off your child/ren at 4:00 pm to have extra reading practice time from 4:00-4:30 pm.

On May 28, 2025, We will have our 'End of the Year Ceremony.'

At the Dr. Cy Gruberg Hebrew School of Ulster County, families of all backgrounds and affiliations are made to feel welcome. Please invite your friends to visit our Hebrew School to learn more about our unique programs and curriculum.

Thank you all for entrusting your children's Jewish education in our hands! Our goal is to instill in each child a strong positive Jewish identity. We are looking forward to an enriching and enjoyable year.

Wishing you all a happy, healthy and sweet New Year!

Please fill out the registration forms at your earliest convenience.

Tuition for Hebrew school 2024-2025/5785 is \$600 – No child will be turned away due to lack of funds, scholarships are available. Please Note: If you refer a child to our Hebrew School, you qualify for a 25% reduction in your tuition costs for your child.

Rabbi AB & Binie Itkin  
Directors

## REGISTRATION FORM

*Please print clearly & complete all that applies.*

<b>Hebrew School Student Information</b>				
Full Legal Name (e.g. Joshua Cohen)				
Name Used (e.g. Josh)		Jewish Name (e.g. Yehoshua)		
DOB	Age	Gender	School	Grade Entering In '24
Full Home Address				
Home Phone Numbers/s				
Fathers Name		Fathers Jewish Name (e.g. Moshe Chaim)		
Fathers Work Phone		Fathers Cell Phone		
Fathers Email				
Mothers Name		Mothers Jewish Name (e.g. Sarah)		
Mothers Work Phone		Mothers Cell Phone		
Mothers Email				
Students Email (if applicable)		Parent Status <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		
Is the natural mother of the child Jewish?		Is the mother's mother?		
Is the natural father of the child Jewish?		Is the father's mother?		
Have there been any conversions or adoptions in the family history? <i>If yes please include all backup &amp; documentation. Please note all conversions must be made through a registered Beth Din that is certified by the Israel Rabbinate</i>				
Does your child(ren) have any learning difficulties with general studies?				

<b>Payment</b> (Make checks payable to Chabad of Ulster County)
Please Describe Payment Schedule

<b>Help A Child</b>
There are children whose parents who may not be able to afford the cost of Hebrew School. Can we call on you should we need to?

<b>Parental Consent</b>			
<ul style="list-style-type: none"> <li>• I hereby permit my child to participate in all activities of the Hebrew School.</li> <li>• The parent / legal guardian who signs this registration form represents that he / she has full authority to do so.</li> </ul>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><b>Print Name</b></td> <td style="width: 33%; border: none;"><b>Signature</b></td> <td style="width: 33%; border: none;"><b>Date</b></td> </tr> </table>	<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
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PLEASE WRITE CLEARLY

**EMERGENCY INFORMATION**

*In case of an emergency please contact (other than parent).*

Contact 1:

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Phone (all numbers that we can get in touch with them): \_\_\_\_\_

\_\_\_\_\_

Contact 2:

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Phone (all numbers that we can get in touch with them): \_\_\_\_\_

\_\_\_\_\_

Family Physician:

Name (practice & doctor): \_\_\_\_\_

Phone: \_\_\_\_\_

CONSENT FOR MEDICAL TREATMENT:

I hereby give full permission to the Hebrew School staff (a project of Congregation Agudas Achim & Chabad of Ulster County) to obtain necessary emergency medical treatment for my child \_\_\_\_\_ with the understanding that the family will be notified as soon as possible.

Signature of Parent / Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_