

PLEASE INDICATE WHICH CAMPUS YOU WISH TO ATTEND :

- Thornhill/Ventura Park
- Thornhill Woods/Stephen Lewis
- Bayview/York Mills Collegiate
- Bathurst/Lawrence/Bais Yaakov
- Tuesday Evening - Westmount

**REGISTRATION FORM 2009-2010**

Family Name \_\_\_\_\_

Father's Full Name Mr./Dr. \_\_\_\_\_ Mother's Full Name Mrs./Ms./Dr. \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone No. ( ) \_\_\_\_\_ Home Phone No. ( ) \_\_\_\_\_

Cell Phone No. ( ) \_\_\_\_\_ Cell Phone No. ( ) \_\_\_\_\_

Business Phone No. ( ) \_\_\_\_\_ Business Phone No. ( ) \_\_\_\_\_

e-mail address (**home**) \_\_\_\_\_ e-mail address (**home**) \_\_\_\_\_

**CHILD 1**

English Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Male/Female \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Health Card Number \_\_\_\_\_

Public School attending \_\_\_\_\_ Grade Entering \_\_\_\_\_

Specify any previous Hebrew School experience. \_\_\_\_\_

Requested Classmates \_\_\_\_\_

Specify any special medical (allergies/carries epipen, asthma, hearing, etc.) or other information, such as learning disabilities or special needs the school should be made aware of. (Attach all OSR related documentation.) \_\_\_\_\_

**CHILD 2**

English Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Male/Female \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Health Card Number \_\_\_\_\_

Public School attending \_\_\_\_\_ Grade Entering \_\_\_\_\_

Specify any previous Hebrew School experience. \_\_\_\_\_

Requested Classmates \_\_\_\_\_

Specify any special medical (allergies/carries epipen, asthma, hearing, etc.) or other information, such as learning disabilities or special needs the school should be made aware of. (Attach all OSR related documentation.) \_\_\_\_\_

**CHILD 3**

English Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Male/Female \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Health Card Number \_\_\_\_\_

Public School attending \_\_\_\_\_ Grade Entering \_\_\_\_\_

Specify any previous Hebrew School experience. \_\_\_\_\_

Requested Classmates \_\_\_\_\_

Specify any special medical (allergies/carries epipen, asthma, hearing, etc.) or other information, such as learning disabilities or special needs the school should be made aware of. (Attach all OSR related documentation.) \_\_\_\_\_

**The school allows you to request your child to be placed with up to three students of your choice. However, due to the many requests and the small class sizes that we endeavor to maintain, we can only guarantee ONE of your choices. Please make your requested classmates in order of preference.**



**OPTIONAL EVENING CLASSES**

The optional evening class is exclusively additional material and is not in any way necessary for the Sunday core program. Please note that some synagogues require the additional hours (beginning in Grade Three) to qualify for their Bar/Bat Mitzvah programs. Contact the Hebrew School office for more information.

I am interested in enrolling my child/children in the optional evening classes:

Child's Name	Grade
1. _____	_____
2. _____	_____

**FAMILY HISTORY**

♦ Was the child/children:       born Jewish       converted       adopted  
 If converted or adopted, please give details. \_\_\_\_\_

♦ Was the child's mother:       born Jewish       converted       adopted  
 If converted or adopted, please give details. \_\_\_\_\_

**PERSONS TO CONTACT IN CASE OF EMERGENCY**

Parents can be reached during Hebrew School hours at (    ) \_\_\_\_\_

Please list two numbers to be used in case of emergencies (other than your home number).

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (    ) \_\_\_\_\_

IF WE, OUR EMERGENCY CONTACT(S), OR OUR PHYSICIAN, CANNOT BE REACHED IN THE EVENT OF A MEDICAL EMERGENCY, WE HEREBY GIVE PERMISSION TO THE PHYSICIAN OR HOSPITAL SELECTED BY THE SCHOOL OR ITS SELECTED REPRESENTATIVE, TO HOSPITALIZE AND/OR SECURE PROPER TREATMENT FOR OUR CHILD/CHILDREN NAMED ABOVE. WE UNDERSTAND THAT ANY COSTS INCURRED WILL BE OUR RESPONSIBILITY.

WE UNDERSTAND THAT ANY COSTS INCURRED BY DAMAGE TO SCHOOL PROPERTY BY OUR CHILD/CHILDREN WILL BE OUR RESPONSIBILITY.

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**Notice to Parents/Guardians and Children – Collection and Release of Information**

Information is collected pursuant to the Education Act. Limited information may be disclosed beyond the scope of Ahavat Yisrael Hebrew School. This may include the release of students' names, ages and grades, photographs, artwork, writing or other school related work to the media for publicity, displays, newsletters, etc. If you do not consent to the release of information, please inform the Director of Education in writing prior to the commencement of the school year.

**OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_ EARLY BIRD RATE: YES \_\_\_\_ NO \_\_\_\_

TUITION	Early Bird	After May 31st	TOTAL	PAYMENTS	PAYMENTS	mail
SUNDAY	@ \$625	\$650	DEPOSIT	Sept	Jan	call
BAR MITZVAH	@ \$650	\$675	BALANCE	Oct	Feb	access
BAT MITZVAH	@ \$725	\$750		Nov	Mar	invoice
EVENING CLASS	@ \$425	\$425		Dec		siddur
SIDDUR	@ \$18	\$18	Dec Receipt			allergy
			June Receipt			
TOTAL			TAX RECEIPT ISSUED TO:			

**TUITION FEE SCHEDULE 2009-2010**

PROGRAM	TUITION
SUNDAY MORNING PROGRAM (JK – Grade 6) 10:00 a.m. - 12:30 p.m.	\$575.00 + \$75.00(BOOK FEE)
BAR MITZVAH PROGRAM (GRADE 7 ALL BOYS CLASS) Sunday Mornings 10:00 a.m. - 12:30 p.m.	\$600.00 + \$75.00(BOOK FEE)
BAT MITZVAH PROGRAM Sunday Mornings 10:00 a.m. - 12:30 p.m.	\$675.00 + \$75.00(BOOK FEE)
SIDDUR /PRAYER BOOK GRADE 3 & NEW STUDENTS ONLY	\$ 18.00
OPTIONAL EVENING PROGRAM (Grades 3 - 7) 5:00 p.m. - 7:30 p.m.	\$425.00

COMPLETE BOTH SIDES OF THE REGISTRATION FORM and mail it to the above address.

- ◆ To ensure your space in the Hebrew School, the **Registration & Book Fee Deposit of \$75.00 per child must** accompany your Registration Form. The cheque for the Registration & Book Fee must be currently dated.
- ◆ As a courtesy, you may post-date the balance of your tuition. **Your post-dated cheques must be included with your Registration Form.** Payment of the tuition balance may be made in several equal installments (whole dollar amounts please) **beginning in September 2009 with the complete balance being paid by March 15, 2010.** The post-dated cheques should be dated either the **1<sup>st</sup> or 15<sup>th</sup> of each month.** In the event that classes are full and we are unable to accept your child, your deposit will be returned in full.
- ◆ The book portion of the deposit fee is put towards a reading textbook which the school purchases for every child. This allows us to make sure that everyone has the correct book for the first day of school so we can get started on the reading curriculum without any delays. The fee also includes several language and writing booklets which are printed and spiral bound in-house. If books are lost or destroyed, parents will be expected to purchase new books.
- ◆ All Grade Three students, as well as students that are new to our school (Grades 3 & up) must purchase a Siddur. Please see the enclosed Siddur Form.
- ◆ The cost of the Evening Program does not include dinner. An additional charge applies.
- ◆ Please make all cheques payable to AHAVAT YISRAEL HEBREW SCHOOL.
- ◆ Any cheque returned (NSF) will be charged an administrative fee of \$25.00.
- ◆ Charitable tax receipts will be issued for the full amount of all tuition fees paid for each calendar year.
- ◆ A \$10.00 charge will be implemented for duplicate tax receipts.

**- CONTINUED ON BACK -**



## REFUND POLICY

The refund policy for a student who withdraws from Ahavat Yisrael Hebrew School prior to or during the 2009-2010 school year is as follows:

- PRIOR TO SEPTEMBER 1, 2009:           A full refund, less a \$50 administration fee.
- AFTER SEPTEMBER 1, 2009:            A refund will be issued on a pro-rated basis, less the \$75 registration and book fee. The charge is \$60.00 per class, September through November 1.
- AFTER NOVEMBER 1, 2009:            No refunds will be issued.

## FEE WORKSHEET

For your convenience, please use the chart below to calculate your tuition.

Cheques should be in whole dollar amounts, please.

TUITION FEES				POST DATED CHEQUES	
SUNDAY	<input type="checkbox"/>	\$650.	= \$	.00	September 1st or 15 <sup>th</sup> 2009 = \$ .00
BAR MITZVAH	<input type="checkbox"/>	\$675.	= \$	.00	October 1st or 15 <sup>th</sup> 2009 = \$ .00
BAT MITZVAH	<input type="checkbox"/>	\$750.	= \$	.00	November 1st or 15 <sup>th</sup> 2009 = \$ .00
EVENING CLASS	<input type="checkbox"/>	\$425	= \$	.00	December 1st or 15 <sup>th</sup> 2009 = \$ .00
SIDDUR	<input type="checkbox"/>	\$18	= \$	.00	January 1st or 15 <sup>th</sup> 2010 = \$ .00
					February 1st or 15 <sup>th</sup> 2010 = \$ .00
TOTAL			= \$	.00	March 1st or 15 <sup>th</sup> 2010 = \$ .00
DEPOSIT PER CHILD	<input type="checkbox"/>	@ \$75	= \$	.00	
BALANCE -----			= \$	.00	
LESS DEPOSIT					