

PLEASE INDICATE WHICH CAMPUS YOU WISH TO ATTEND :

- Thornhill/Ventura Park
- Thornhill Woods/Stephen Lewis
- Bayview/York Mills
- Bathurst/Lawrence/Bais Yaakov

REGISTRATION FORM 2010-2011

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) _____

Note: Our primary method of correspondence is via email. Please be sure to include an email address that is checked regularly.

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) and/or learning issues that the school should be made aware of. _____

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) and/or learning issues that the school should be made aware of. _____

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) and/or learning issues that the school should be made aware of. _____

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.

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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: _____

TUITION	Early Bird	After May 16 th	TOTAL TUITION	PAYMENTS	PAYMENTS	Email
SUNDAY	@ \$650	\$675	DEPOSIT	Sept	Jan	Access
BAR MITZVAH	@ \$675	\$700	BALANCE	Oct	Feb	Invoice
BAT MITZVAH	@ \$750	\$775		Nov	Mar	Siddur
SIDDUR	@ \$18	\$18		Dec		Allergy
			Dec Receipt			
			June Receipt			
TOTAL TUITION			TAX RECEIPT ISSUED TO:			



TUITION FEE SCHEDULE 2010-2011

PROGRAM	TOTAL EARLY BIRD TUITION OFFERED UNTIL MAY 16, 2010	TOTAL TUITION AFTER MAY 16, 2010
SUNDAY MORNING PROGRAM (JK – Grade 6) 10:00 a.m. - 12:30 p.m.	\$575.00 + \$75.00=\$650	\$600.00 + \$75.00= \$675
BAR MITZVAH PROGRAM (GRADE 7 ALL BOYS CLASS) Sunday Mornings 10:00 a.m. - 12:30 p.m.	\$600.00 + \$75.00=\$675	\$625.00 + \$75.00= \$700
BAT MITZVAH PROGRAM Sunday Mornings 10:00 a.m. - 12:30 p.m.	\$675.00 + \$75.00= \$750	\$700.00 + \$75.00=\$775
SIDDUR /PRAYER BOOK ALL GRADE 3 STUDENTS AND NEW STUDENTS IN GRADE THREE AND UP	\$ 18.00	\$18.00

- ◆ Please complete both sides of the enclosed REGISTRATION FORM and either mail or hand it in to the Hebrew school office BEFORE MAY 16th, 2010 IN ORDER TO RECEIVE THE EARLY BIRD TUITION RATE.
- ◆ In order to ensure your space in the Hebrew School, the following must accompany your registration form:
 1. **Registration & Book Fee Deposit of \$75.00 per child.** This cheque must be currently dated.
 2. **Post-dated cheques for the balance of your tuition fee.** As a courtesy, you may post-date the balance of your tuition. Payment of the tuition balance may be made in several equal installments (whole dollar amounts please) beginning in September 2010 with the complete balance being paid by March 15, 2011. The post-dated cheques should be dated either the **1st or 15th 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.
- ◆ 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.

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REFUND POLICY

The refund policy for a student who withdraws from Ahavat Yisrael Hebrew School prior to or during the 2010-2011 school year is as follows:

- PRIOR TO SEPTEMBER 1, 2010: A full refund, less a \$50 administration fee.
- AFTER SEPTEMBER 1, 2010: 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, 2010: 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 early bird = \$.00 <input type="checkbox"/> \$675 After May 16/10	September 1st or 15 th 2010	= \$.00
BAR MITZVAH	<input type="checkbox"/> \$675 early bird = \$.00 <input type="checkbox"/> \$700 After May 16/10	October 1st or 15 th 2010	= \$.00
BAT MITZVAH	<input type="checkbox"/> \$750 early bird = \$.00 <input type="checkbox"/> \$775 After May 16/10	November 1st or 15 th 2010	= \$.00
SIDDUR	<input type="checkbox"/> @ \$18 = \$.00	December 1st or 15 th 2010	= \$.00
		January 1st or 15 th 2011	= \$.00
TOTAL	= \$.00	February 1st or 15 th 2011	= \$.00
		March 1st or 15 th 2011	= \$.00
LESS DEPOSIT FOR CHILD	<input type="checkbox"/> @ \$75 = \$.00		
BALANCE -----	= \$.00		
LESS \$75 DEPOSIT			