

**REGISTRATION FORM 2018-2019**

Family Name \_\_\_\_\_ Home Phone No. \_\_\_\_\_

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

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

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

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

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

Father's e-mail address (**home**) \_\_\_\_\_

Mother's e-mail address (**home**) \_\_\_\_\_

**If parents are separated or divorced please indicate child custody arrangements and any restrictions.**

**CHILD 1**

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Country of Birth \_\_\_\_\_

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

Previous Hebrew School experience. \_\_\_\_\_ Grade: \_\_\_\_\_

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

Food allergies: \_\_\_\_\_ Epipen carried? Yes / No Health Card: \_\_\_\_\_

Does your child have an IEP or any learning issues? Yes / No (UJA funding is available if IEP is provided)

**CHILD 2**

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

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

Previous Hebrew School experience. \_\_\_\_\_ Grade: \_\_\_\_\_

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

Food allergies: \_\_\_\_\_ Epipen carried? Yes / No Health Card: \_\_\_\_\_

Does your child have an IEP or any learning issues? Yes / No (UJA funding is available if IEP is provided)

**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.**

**- CONTINUED ON BACK -**



**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. \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Are you a member of a Synagogue?            No            Yes  
If yes, name of synagogue: \_\_\_\_\_

**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.

**NEW PARENTS ONLY(REFER A FRIEND PROGRAM):**

I/We were referred by: Name \_\_\_\_\_ Phone : \_\_\_\_\_

**OFFICE USE ONLY**

**EARLY BIRD DEADLINE IS MAY 13, 2018**

<input type="checkbox"/> DATE APPLICATION RECEIVED: _____	<input type="checkbox"/> POST - DATED CHEQUES <input type="checkbox"/> E - TRANSFER <input type="checkbox"/> VISA
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TUITION	Early Bird	After May 13, 2018	TOTAL TUITION	PAYMENTS	PAYMENTS	Email
SUNDAY	\$775	\$900	DEPOSIT	Sept	Jan	Access
TUESDAY EVENING	\$775	\$900	BALANCE	Oct	Feb	Invoice
BAR MITZVAH	\$875	\$975		Nov		Siddur
BAT MITZVAH	\$875	\$975		Dec		Allergy
SIDDUR	\$25	\$25	Dec Receipt			
			June Receipt			
<b>TOTAL TUITION</b>			<b>TAX RECEIPT ISSUED TO:</b>			