

PLEASE INDICATE WHICH CAMPUS YOU WISH TO ATTEND :

- Thornhill/Ventura Park
- Thornhill Woods/Stephen Lewis
- Bathurst & Lawrence/ Bais Yaakov
- Stephen Lewis-Tuesday Evening

**REGISTRATION FORM 2012-2013**

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) \_\_\_\_\_

**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.**



**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 6, 2012	TOTAL TUITION	PAYMENTS	PAYMENTS	Email
SUNDAY	@ \$670	\$720	DEPOSIT	Sept	Jan	Access
TUESDAY EVENING	@\$670	\$720	BALANCE	Oct	Feb	Invoice
BAR MITZVAH	@ \$700	\$750		Nov	Mar	Siddur
BAT MITZVAH	@ \$775	\$825		Dec		Allergy
SIDDUR	@ \$18	\$18	Dec Receipt			
			June Receipt			
TOTAL TUITION			TAX RECEIPT ISSUED TO:			