



Divre Shalom דברי שלום

54 GLEN PARK AVENUE, TORONTO, ONTARIO M6B 2C2 Phone (416) 781-8088

REGISTRATION FORM 2019-2020

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):

Referral application must be received no later than August 15th 2019

I/We were referred by: Name _____ Phone : _____

OFFICE USE ONLY
EARLY BIRD DEADLINE IS MAY 12, 2019

<input type="checkbox"/> DATE APPLICATION RECEIVED: _____	<input type="checkbox"/> POST DATED CHEQUES <input type="checkbox"/> CHEQUE <input type="checkbox"/> VISA
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TUITION	Early Bird	After May 12, 2019	TOTAL TUITION	PAYMENTS	PAYMENTS	Email
SUNDAY	\$775	\$900	DEPOSIT	Sept	Jan	Access
BAR MITZVAH	\$875	\$975	BALANCE	Oct	Feb	Invoice
BAT MITZVAH	\$875	\$975		Nov		Siddur
SIDDUR	\$25	\$25		Dec		Allergy
			Dec Receipt			
			June Receipt			
TOTAL TUITION			TAX RECEIPT ISSUED TO:			