



Registration Form 2016/17 School Year
Tuesday 4:00 – 6:00 pm

Part 1: Student Information

Last name First name Male Female
Hebrew name (child's) email
Address Postal Code Home phone
School attending Grade
Age Birthday Time am pm Jewish Birthday

Part 2: Parent Information

Father's Information

Name
Hebrew Name
Occupation
Work phone
Cell phone
E-mail
Address (if different)

Mother's Information

Name
Hebrew Name
Occupation
Work phone
Cell phone
E-mail
Address (if different)

Part 3: Previous Hebrew Education

Does your child read Hebrew? No Somewhat Yes
Does your child speak/understand Hebrew? No Somewhat Yes
Does your child have any learning difficulties with general studies? No Yes
If yes, please describe:
Child's previous Hebrew education, if any:
Were there any conversions and/or adoptions in the family? No Yes
If yes, please explain:
This child is Jewish according to Halacha: Yes No
How did you hear about JRCC Hebrew School?

Part 4: Medical Information (confidential)

Family physician Phone:
Up to date with vaccinations? Yes No Health Care #:
Is there any medical or other information (allergies, etc.) regarding your child that our school should be aware of?

Person to be contacted in case of an emergency (when parents cannot be reached):

Name: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Part 5: Tuition Payment:** (Tuition is tax-deductible.)

Tuition: \$ \_\_\_\_\_ +  \$25 Registration +  \$25 Book Fee

**Method of Payment:**  enclosed  Reg. and Book fee added to 1<sup>st</sup> payment

Cheque(s) Enclosed: \$ \_\_\_\_\_ x \_\_\_\_ payment(s)

Visa  MC Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name on card \_\_\_\_\_ Signature: \_\_\_\_\_

\$ \_\_\_\_\_ x \_\_\_\_ credit card payment(s)

No child will be turned away due to lack of financial means. If you are in need of a scholarship, kindly ask about the "Oscar Yolles JRCC Hebrew School Scholarship Fund".

**Part 6: Release**

**Medical Release Form:** As the parent(s) or legal guardian of the above child, I/we authorize any adult acting on behalf of Oscar Yolles JRCC Hebrew School to hospitalize or secure treatment for my/our child, I/we further agree to pay all charges for that care and/or treatment. It is understood that if time and circumstances reasonably permit, Hebrew School personnel will try, but are not required, to communicate with me/us prior to such treatment.

**Trip and Photo Consent:** I/we hereby give permission for my/our child to participate in all school activities, join in class and school trips on and beyond school properties and allow my/our child to be photographed while participating in Hebrew School activities. I/we also understand that all liability and costs resulting from damage to property and/or personal injury caused or attributable to my/our child/children will be my/our responsibility.

**Signature of parent or guardian:** X \_\_\_\_\_ **Date:** \_\_\_\_\_