



Registration Form 2018/19 School Year

Program Details: (Please check programs registering for)

FOR OFFICE USE: () Complete () Incomplete

√	Day	Program	Hours	Annual Fees
	Sunday	Maple - Nellie McClung P.S.	10:00 am - 12:30 pm	\$700 + \$50
	Sunday	North York - 18 Rockford Rd.	11:00 am – 1:00 pm	\$650 + \$50
	Monday	Concord – Forest Run Blvd.	6:00 pm – 7:45 pm	\$650 + \$50
	Tuesday	West Thornhill- 1136 Centre St. #2	4:00 pm - 6:00 pm	\$650 + \$50
	Tuesday	N Richmond Hill - Beynon Fields PS	6:00 pm – 7:45 pm	\$650 + \$50
	Wednesday	East Thornhill- 7608 Yonge St. #3	5:00 pm - 7:00 pm	\$650 + \$50

Please note: many of the locations include a Bar and / or Bat Mitzvah Club, if you are registering for of the them, please use the proper form. Go to www.jrcc.org/bar or www.jrcc.org/bat respectively.

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) _____

How did you hear about JRCC Hebrew School?

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

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: _____

Medical Release Form: As the parent(s) or legal guardian of the above child, I/we authorize any adult acting on behalf of 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, JRCC Hebrew School personnel will try, but are not required, to communicate with me/us prior to such treatment.

Signature of parent or guardian: X _____ Date: _____

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

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

Method of Payment: enclosed Reg. and Book fee added to 1st payment

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

Visa MC Card # _____ - _____ - _____ - _____ Exp. Date ____/____/____

Name on card _____ Signature: _____

\$ _____ x _____ credit card payment(s)

Part 6: 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.

X _____
Signature of parent or legal guardian **Date**

