



Registration Form 2017/18 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	\$650 + \$50
	Sunday	North York: 18 Rockford Rd.	10:30 am – 1:30 pm	\$600 + \$50
	Monday	Concord: Forest Run Blvd.	6:00 pm – 7:45 pm	\$600 + \$50
	Tuesday	West Thornhill: 1136 Centre St. #2	4:00 pm - 6:00 pm	\$600 + \$50
	Tuesday	N Richmond Hill: Beynon Fields PS	6:00 pm – 7:45 pm	\$600 + \$50
	Wednesday	East Thornhill: 7608 Yonge St. #3	5:00 pm - 7:00 pm	\$600 + \$50

Please note: many of the locations include a Bar and / or Bat Mitzvah Club, if you are registering for 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) _____

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 1st 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:** _____