



## Registration Form 2020/21 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 – 411 Confederation #14	5:00 pm – 7:00 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](http://www.jrcc.org/bar) or [www.jrcc.org/bat](http://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: \$ \_\_\_\_\_ +  \$50 Registration & 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)

**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