



Registration Form 2019/20 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.	11:30 am – 1:30 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**