

APPLICATION FORM – 2016-2017

NAME OF CHILD _____

HEBREW NAME _____ BIRTH DATE _____
D/ M/ Y

ADDRESS _____
_____ POSTAL CODE _____

FATHER'S NAME _____ HOME PHONE _____ BUSINESS PHONE _____

MOTHER'S NAME _____ HOME PHONE _____ BUSINESS PHONE _____

EMAIL _____

DOCTOR'S NAME _____ DOCTOR'S PHONE _____

HEALTH CARD NUMBER _____

ALLERGIES, MEDICAL CONDITIONS _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

Please circle appropriate Grade:

Kindergarten Grade One Grade Two Grade Three Grade Four Grade Five Grade Six

Kitanim (Please circle appropriate days): Monday Tuesday Wednesday Thursday Friday

Aftercare (Please circle appropriate days): Monday Tuesday Wednesday Thursday Friday

DEPOSITS represent your commitment to next year's enrolment. The deposit is \$500.00 for the first child and \$100.00 for each additional child. The non-refundable charge will be applied to your total parent contributions.

I wish to enrol my child as a student of the school for the upcoming academic year and enclose the following payment to cover the non-refundable deposit

Cheque in the amount of \$ _____

Visa / Mastercard in the amount of \$ _____ Card # _____ expiry date _____

DEADLINE – March 31, 2016

SIGNED _____

Please return to:

R. Twiss
Office Administrator