

REGISTRATION INFORMATION

2009/2010

Welcome to Beth Sholom Hebrew School. We are sure you will be pleased with our program. In order to register your child(ren) for the coming school year, please complete all of the attached forms.

Registration

A registration form is required for your family. All information about your children should be completed. Please include an accurate e-mail address; we frequently send information home electronically rather than by Canada Post. Please advise us of any changes in address or phone numbers during the year.

Your registration forms must be accompanied by a **non-refundable** deposit of \$100 for each child. Tuition must be paid in full by October 30, 2009 unless special arrangements are requested.

Payments

Payment can be made by post-dated cheques or pre-authorized credit card payments. Cheques should be payable to Beth Sholom Synagogue. We accept VISA and Mastercard **only**.

Please complete and return your registration materials by June 7, 2009. This will enable appropriate planning for staffing and the purchasing of materials. We receive a sizeable discount for our textbooks if we order by the end of June. See the Tuition Worksheet for the fee schedule for members and non-members. **Returning families will be charged a \$100 late fee per child after June 7. Returning families will receive priority until June 7. After that date we cannot guarantee space.**

Refund Policy

All deposits are non-refundable. No tuition refund will be issued after September 30, 2009.

In case of financial need, please contact Karen Goodis, Principal at 416-783-6103 #225

Pizza Lunch

Pizza lunches are held on the last Sunday 6 times a year. Students receive two pieces Kosher Cheese Pizza and juice. This is an opportunity for socializing as well as learning part of Birkat Ha-Mazon. The entire school participates. The cost is \$20/child for the entire year.

Beth Sholom Hebrew School Registration Form 2009-2010

Please fill in the form completely

Family Name: _____ Accounting iMIS ID# _____

Home Address: _____ PC _____

Home Phone: (____) _____ e-mail _____

Additional Address: _____ PC _____

Synagogue Affiliation _____ Previous Jewish Ed. _____

Mother's Name: _____ Father's Name: _____

Mother's Cell (____) _____ Father's Cell (____) _____

Family Physician: _____ Phone (____) _____

STUDENT INFORMATION

Child's Name	Hebrew Name	Grade, Sept 09	School	Birthday

Allergies: _____

If there is any information about your child regarding specific educational, physical or emotional needs, please attach the information to this form. All information including IPRC and assessment data will be kept confidential and shared with the classroom and remedial teacher on a need to know basis.

Emergency Contacts (if parents are unavailable)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Yes, You have my permission to include our child(ren)'s name address and phone number on a class list which will be distributed to the students in my child's class. Please check this section if you give permission.

FOR NEW FAMILIES ONLY: How did you hear about Beth Sholom Hebrew School? _____

FEE WORKSHEET 2009-2010

Please note \$100 late fee/child is required of returning families after June 7, 2009

	Members	Non-Members
JK-SK	\$550	\$750
Gr 1	\$650	\$850
Gr. 2-6	\$850	\$1300
Gr 7	\$900	\$1350

PIZZA LUNCH \$20/CHILD

Family Name: _____ Accounting – Family ID# _____

Child 1 _____ Grade ____ Tuition _____ Pizza Lunch ____ Total \$ _____

Child 2 _____ Grade ____ Tuition _____ Pizza Lunch ____ Total \$ _____

Child 3 _____ Grade ____ Tuition _____ Pizza Lunch ____ Total \$ _____

Child 4 _____ Grade ____ Tuition _____ Pizza Lunch ____ Total \$ _____

Tuition and Pizza Lunch _____ Total \$ _____

Deposit: Chq# _____ or Credit Card [] Date: _____ (\$ _____)

Payment in Full: Chq# _____ or Credit Card [] Date: _____ \$ _____

Balance Due – cleared by payment schedule below.....\$ _____

VISA/MC _____ Exp _____ - _____

Signature _____

Payment Schedule

Date	Chq # or use above Cr.Card	Amount	Date Posted	Entry #
Aug 30				
Sep 30				
Oct 30				
Total equals	balance due as above:			

For Office Use Only

Date Received Date Approved by KG Reg. Entered Deposits Entered Invoiced

PARENTAL CONSENT

2009-2010

As a part of the educational program at the Beth Sholom Hebrew School, students are taken off the property when the appropriate opportunities present themselves. On such excursions, staff members supervise the students, often with the assistance of parents. Transportation may be by private car or rented bus. Parents will be notified in advance of any trips and change in drop off and/or pick-up times.

Please complete this form and return it with your registration.

I hereby give permission for

Child 1 _____ Grade _____ OHIP# _____ Verson Code: ____

Child 2 _____ Grade _____ OHIP# _____ Verson Code: ____

Child 3 _____ Grade _____ OHIP# _____ Verson Code: ____

To be taken on school trips with his/her class while a student at Beth Sholom Hebrew School.

I understand that the students will be supervised and that this consent does not extend to overnight trips or any other more extensive excursions for which my specific consent will be sought.

PERMISSION FOR EMERGENCY MEDICAL TREATMENT:

I understand that although Beth Sholom Synagogue and its volunteers and staff will exercise reasonable care in the supervision of my child, accidents and mishaps may occur. In the case of a medical emergency concerning my child, I give my permission for my child to be transported and admitted to the nearest medical facility and I agree to pay all costs incurred by Beth Sholom Synagogue in obtaining emergency medical care for my child. In addition, I hereby release Beth Sholom Synagogue and its employees, officers, directors, volunteers and agents from all liability in respect of obtaining any such medical care. I understand and agree that none of Beth Sholom Synagogue and its employees, officers, directors, volunteers and agents is liable for anything that may occur due to my providing inaccurate or incorrect information or my failure to give full information regarding the physical or psychological condition of my child. By signing this registration form, I also signify that I have custody or legal guardianship of the child for whom this application is submitted.

PARENT'S SIGNATURE: _____

DATE: _____



Beth Shalom Hebrew School

Photo Release Form

Please sign and return this Release Form prior to the start of Hebrew School.

_____ I authorize the release of photographs of my child(ren) for press releases in the Jewish and secular newspapers, and in the school brochure.

_____ I authorize the use of my child(ren)'s photos on the Beth Shalom website.

_____ I do not wish a photo of my child(ren) to be released to the press.

_____ I do not want photos of my child(ren) on the Beth Shalom website.

Name _____

Signature _____

Date _____

Child(ren)'s name(s):
