



STUDENT INFORMATION

First name: _____ Last name: _____ Hebrew name: _____

Date of birth: ____/____/____ Sex: Male Female
dd mm yy

Day School: _____ Grade: _____ (as of September 2015)

Language(s) spoken at home _____

Is your child a continuing student: _____?

Home address: _____ City: _____ Postal Code _____

OHIP Number _____ Allergies/Medications: _____

Other information _____

PARENTAL/GUARDIAN INFORMATION

Parent #1	Parent #2
First Name _____ Last name: _____	First Name _____ Last name: _____
Cell number _____ Home number: _____	Cell number _____ Home number: _____
Email: _____	Email: _____
Address (if different than above) _____	Address (if different than above) _____
_____	_____

FAMILY INFORMATION

Are you/your family a JCC member/s	yes/no	if yes, which one: _____?
Synagogue affiliation	yes/no	if yes, which one: _____
Child attends Jewish camp	yes/no	if yes, which one: _____
How did you hear about PJCC Supplementary schools? _____		

PAYMENT INFORMATION

Method of payment

I wish to pay by Visa MasterCard Void Cheque

Cardholder's Name _____

Credit Card Number _____ Expiry Date: _____

Banking Information: (please include a copy of a void cheque)

Payment Frequency (withdrawal dates are always on the 15th of the month)

one time payment monthly (over a span of 9 months)

This form is to be completed by a parent/guardian for every child enrolled in PJCC Supplementary Hebrew School.

1. Financial Policies:

The deposit amount, along with post-dates method of the payment arrangement must be provided at the time of registration. Deposits of \$100.00 are non-refundable and will be deducted from the annual tuition fee. A one month written notice must be given in order to withdraw from in PJCC Supplementary Hebrew School. Cancellations, withdrawals are available from September 1st to June 1st, 2015 and are subject to prorated refunds.

2. Charitable Tax Receipts:

All tuition fees and any charitable donations are fully tax deductible. Tax receipts will be provided by the PJCC accounting department upon full payment.

3. Parents disclaimer

I, _____ (print parent's name), the parent or legal guardian, hereby give my permission that my child, _____ (print child's name), may be given emergency treatment to include first aid and / or CPR by a qualified staff member at JCC/PJCC. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health in case I cannot be contacted, I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for any accident, injury or otherwise sustained by the registered child(ren) arising from participation in any in PJCC Supplementary Hebrew school activities.

Date: _____ Name of parent/guardian _____ signature _____

4. Consent for photograph release

I give PJCC Supplementary Hebrew School and its associates permission to photograph or videotape my child, during school hours or during any school related activities. I understand that these photographs will be used strictly for communication and marketing purposes including, but not limited to: newsletters, event flyers, school website, and social media. Information about the student will always be kept strictly confidential.

Name of parent/guardian _____ signature _____

5. Consent for student's pickup

a. PJCC students ages 3-10 years old will be dismissed only to parents or guardians listed on the registration form. Should you wish for someone other than the parents/guardians stated on application form to pick up your child, please specify the name and relationship of this individual to your child in the section below. Identification is necessary in order for PJCC staff to ensure the safety of your child.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

b. PJCC students ages 11-14 years old will be dismissed on their own unless there are special instructions as mentioned as follows (check in the preferred):

- My child id to be dismissed on his/her own
- My child should wait in the classroom for pick up by parent

Name of parent/guardian _____ signature _____

6. Consent for out of class activities

I authorize my child _____ to participate in PJCC out-of-class learning activities. I understand that the travel methods be either parent's carpool, school bus or by foot.

Name of parent/guardian _____ signature _____

7. E-mail consent:

I authorize PJCC Supplementary Hebrew School to send emails to the address indicated on the registration form

Name of parent/guardian _____ signature _____