

FOR OFFICE USE ONLY-

DATE OF ADMISSION: _____ DATE OF DISCHARGE: _____

1. Program of Interest



- 5 day Pre-Nursery** Mon. - Fri. : 9:00 am - 12:00 pm \$750.00/session
- 5 day Nursery** Mon. - Fri. : 9:00 am - 12:00 pm \$750.00/session

- 3 day** Mon., Wed. & Fri. : 9:00 am - 12:00 pm \$550.00/month

- 2 day** Tuesday & Thursday: 9:00 am - 12:00 pm \$450.00/month

Attending:

- Session 1** Tuesday July 3, 2018- Friday, July 27th 2008
- Session 2** Monday July 30, 2018- Friday, August 24th 2008

* Deposit for all programs is 150 applied to camp tuition. Deposit is non-refundable.

2. Child information:

Child's first name: _____ Child's last name: _____
Child's Hebrew name: _____ Date of Birth (DD/MM/YYYY): ___/___/_____
Sex: M / F Home address: _____
Postal Code: _____ Home Phone: _____
Child lives with: _____
Child's age in July: _____ yrs. _____ months

3. Parents information:

Parent 1

First Name: _____ Last Name: _____ Hebrew Name: _____
Address (if different from above): _____
Home Phone (if different from above): _____ Cell Phone: _____
Occupation: _____ Company name: _____ Business Ph #: _____
Business address: _____
E-mail: _____
(Optional) I give permission to Torah Tots to include my e-mail address on the class list given to parents: _____

Parent 2

First Name: _____ Last Name: _____ Hebrew Name: _____
Address (if different from above): _____
Home Phone (if different from above): _____ Cell Phone: _____
Occupation: _____ Company name: _____ Business Ph #: _____

Business address: _____

E-mail: _____

(Optional) I give permission to Torah Tots to include my e-mail address on the class list given to parents: _____

Child's Pediatrician: _____ Phone number: _____

Address: _____

Allergies or medical problems: _____

Any history of communicable disease _____

Please inform us of any special instruction regarding diet, rest or exercise

Please attach a current immunization record to this application form.

EMERGENCY CONTACT

Name: _____ Relation to child: _____

Home phone: _____ Cell phone: _____

Home Address _____

Name: _____ Relation to child: _____

Home phone: _____ Cell phone: _____

Home Address _____

AUTHORIZED PERSONS TO PICK UP CHILD FROM CAMP OTHER THAN PARENTS

Name: _____ Relation to child: _____

Home phone: _____ Cell phone: _____

Name: _____ Relation to child: _____

Home phone: _____ Cell phone: _____

If an emergency arises (G-d forbid) and none of the above telephone numbers can be reached, I hereby give Torah Tots Pre-School permission to take whatever measures it feels proper for the occasion.

Parent's signature: _____ Date: _____

How did you become interested in Torah Tots?

Child's previous/current schools/playgroups: _____

Languages spoken at home: _____ Languages spoken by child: _____

SIBLINGS

1. Name: _____ Age: _____ School: _____

2. Name: _____ Age: _____ School: _____

PAYMENT INFORMATION

Please include:

- Cheques made payable to Beth Joseph (Deposit must be current date. Remaining cheques are due June 1st)
- Visa/ Mastercard (3% added) _____
exp. _____ cvc: _____
Name as it appears on card: _____

Registration Checklist:

Application will not be accepted without the following:

- Completed application form
- Immunization record
- Non refundable Deposit
- Post dated cheque dated June 1st