



Beth Jacob Hebrew School
375 Aberdeen Avenue
Hamilton, ON L8P 2R7
905-522-1351
school@bethjacobsynagogue.ca

2018-2019 Application

Child #1

Application for Grade _____ Date of Birth _____ Male Female

Name of Student _____

Last Middle First Nickname Hebrew name

Child #1

Application for Grade _____ Date of Birth _____ Male Female

Name of Student _____

Last Middle First Nickname Hebrew name

Child #1

Application for Grade _____ Date of Birth _____ Male Female

Name of Student _____

Last Middle First Nickname Hebrew name

Family Information

<u>Parent/Guardian A</u>	<u>Parent/Guardian B</u>
_____	_____
Name in full	Name in full
_____	_____
Address	Address
_____	_____
Home Phone Cell Phone	Home Phone Cell Phone
_____	_____
Email Address	Email Address
_____	_____
Occupation & Place of Employment	Occupation & Place of Employment

General Information

Student lives with _____

Languages spoken at home: _____

Synagogue Affiliation: _____



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Emergency Contact (other than Parent/Guardian)

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

NOTE: Children will not be released for pick up to anyone other than their own parent unless Einav has been notified beforehand!

Health Information

Student's Physician: _____ Phone _____

Please describe any Allergies, Health Conditions or Concerns:

Other siblings not enrolled in Hebrew School

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Hobbies/Talents

(singing, dancing, drama, sports, arts and crafts, instruments...)

Release Form

In case of accident or sickness when I (we) cannot be reached, I (we) hereby authorize Beth Jacob to seek any physician, dentist, hospital to provide emergency treatment for my (our) child(ren) as may be deemed necessary under the circumstances, as though I (we) had personally given my (our) approval for same.

Parent/Guardian Signature: _____

I give permission for my child to be photographed or videographed for use in Beth Jacob Synagogue updates, newsletters, & bulletins and in the Hamilton Jewish News without names being used.

Parent/Guardian Signature: _____

Tuition Information

Wednesdays - Junior Kindergarten through 7th grade

- | | |
|--|-------|
| <input type="checkbox"/> Beth Jacob Membership Tuition | \$750 |
| <input type="checkbox"/> Non-Member Tuition | \$845 |
| <input type="checkbox"/> Monday Hebrew Enrichment Class | \$350 |
| <input type="checkbox"/> Post B'nai Mitzvah B'yachad Program
Grade 8-10 | \$450 |
| <input type="checkbox"/> Adult Beginner's Hebrew Class | \$350 |

Credit Card Payment Information

Name on Card: _____

Number on Card: _____

Expiration Date: _____ CVV: _____

Signature: _____

FOR OFFICE USE ONLY:

Date received _____

Approved _____