



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

2019-2020 Application for New Students

Child #1

Application for Grade _____ Date of Birth _____ Male Female

Name of Student _____
Last Middle First Nickname Hebrew name

Child #2

Application for Grade _____ Date of Birth _____ Male Female

Name of Student _____
Last Middle First Nickname Hebrew name

Child #3

Application for Grade _____ Date of Birth _____ Male Female

Name of Student _____
Last Middle First Nickname Hebrew name

Family Information

Parent/Guardian A

Name in full

Address

Home Phone

Cell Phone

Email Address

Occupation & Place of Employment (Optional)

Parent/Guardian B

Name in full

Address

Home Phone

Cell Phone

Email Address

Occupation & Place of Employment (Optional)

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

- Beth Jacob Membership Tuition \$750
 Non-Member Tuition \$845

Monday Hebrew Enrichment 4:15-5:15 \$350

Adraba Program for Grades 8-12

Register on website: adraba.ca/hamilton

Credit Card Payment Information

Name on Card: _____

Number on Card: _____

Expiration Date: _____ CVV: _____

Signature: _____

FOR OFFICE USE ONLY:

Date received _____

Approved _____