



215 CLINE AVE. NORTH, HAMILTON, ONTARIO L8S 4A1

Tel: (905) 529-7725 Fax: (905) 529-9694

Email: office@kehilaschool.ca

www.kehilaschool.ca

Web site:

Beneficiary of **United Jewish Appeal**
Generously supported by **The Weisz Family Foundation** and
Shelley Sauder and Wendy Sauder

Please print or type

All information will be treated confidentially

RE-REGISTRATION FORM 2013-2014 SCHOOL YEAR

Name of child _____

First

Middle

Last

Hebrew Name

Date of birth _____ M/F _____ Home phone number _____

Month / Date / Year

Current Grade _____

Applying for Grade _____

Parent Information

Mother _____ Hebrew Name _____

Mailing Address _____

Number & Street

City

Postal Code

Phone _____

Home

Business

Cell

E-mail

Father _____ Hebrew Name _____

Mailing Address _____

Number & Street

City

Postal Code

Phone _____

Home

Business

Cell

E-mail

Child lives with: both parents mother father other

Congregational Affiliation (If changed) _____

Siblings

Name: _____ Birthday m/d/y _____ M _____ F _____

Name: _____ Birthday m/d/y _____ M _____ F _____

Name: _____ Birthday m/d/y _____ M _____ F _____

Name: _____ Birthday m/d/y _____ M _____ F _____



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Emergency Contacts

Physician's Name _____ Physician's Phone Number _____

Contact (1) _____ (2) _____

Relationship (1) _____ (2) _____

Phone (daytime) (1) _____ (2) _____

Personal History (Information in this section will help the school plan appropriately for your child's education)

Physical: (e.g. allergies, visual, hearing, medication):

Child's hobbies and extra-curricular interests:

A deposit of \$500.00 payable to Kehila Jewish Day School is required with this application.

All deposits are non-refundable unless the school cannot accommodate your child.

Refund/Obligation Policy: Total fees minus the first \$500.00 (non-refundable) equal the balance of fees.

Refund/obligation reduction of balance of fees is calculated for any student as follows – written notification received prior to Aug 1 = 100%; prior to Sept 1 = 90%, prior to Oct 1 = 75%, prior to Nov 1 = 50%, prior to Dec 1 = 30. After Jan 1 = 0%.

Refund or reduction of obligation is calculated as of the first day of the next month after written notification is received.

Any balance owed by the parent(s) to Kehila Jewish Community Day School will be immediately due and payable. Any refund, as a result of expulsion or withdrawal prior to the starting date, due to the parent(s) from Kehila Jewish Community Day School will be paid, without interest.

I understand that on registration of my child at Kehila, payment of fees are my personal responsibility.

Signature of Parent or Legal Guardian _____ Date _____

Attachment Check List

- Completed pre-registration form
- Cheque for deposit of \$500 payable to Kehila Jewish Community Day School