

PARENT / GUARDIAN INFORMATION

Marital Status Married Separated Divorced Widow(er) Other _____

PARENT / GUARDIAN #1

If not parent indicate if legal guardian

Relationship to child _____

AHS Alumnus Yes No Year graduated _____

Last grade completed _____

Salutation Mr. Mrs. Ms. Other _____

Last Name _____

First Name _____

Previous Last Name _____

Address _____

City Province Postal Code

Phone (Home) _____

Cell _____

Email _____

Place of Birth _____

First Language _____

Other Language(s) _____

Occupation _____

Employer _____

Employer's Address _____

Work Phone _____

Child resides with Both Parents Father Mother Other _____

Correspondence to be sent to Both Parents Father Mother Other _____

MEDICAL INFORMATION

Ontario Health Card # _____

Name of Physician _____ Telephone _____

Emergency Contact Name (1) _____ Telephone _____
(Other than parent/guardian)

Emergency Contact Name (2) _____ Telephone _____
(Other than parent/guardian)

Medical conditions / Allergies / Epi-Pen / Vision / Physical Challenges Yes No

If yes please provide details _____

Treatment _____

Other health related concerns _____

PARENT / GUARDIAN #2

If not parent indicate if legal guardian

Relationship to child _____

AHS Alumnus Yes No Year graduated _____

Last grade completed _____

Salutation Mr. Mrs. Ms. Other _____

Last Name _____

First Name _____

Previous Last Name _____

Address _____

City Province Postal Code

Phone (Home) _____

Cell _____

Email _____

Place of Birth _____

First Language _____

Other Language(s) _____

Occupation _____

Employer _____

Employer's Address _____

Work Phone _____

Name(s) of other children	Birth date	Grade	Current school
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name(s) of Grandparents

Name	_____	_____	_____
Address	_____	_____	_____
Phone	_____	_____	_____
Email	_____	_____	_____

Synagogue Affiliation:

Are you a member of synagogue Yes No

If yes, please tell us which one: _____

PLEASE NOTE:

Students attending Associated Hebrew Schools must be Jewish according to the requirements of Jewish law.

To guarantee a space for your child, you will have to submit completed tuition forms and all payments by deadlines specified.

I confirm that I am the legal parent/guardian for the child specified in this form and that I have the legal authority to enroll this child at Associated.

I certify that all the information I have provided is accurate and true and that I have read and understood all the information and statements in this form

Parent / Guardian Signature _____ Date _____

PLEASE INCLUDE THE FOLLOWING WHEN SUBMITTING THIS APPLICATION:

- A non refundable deposit of \$500.00 for Mini Mensch & Beyond and Nursery and \$300.00 for Mini Mensch & Me**
(Deposits may be refunded in certain instances, e.g. inability to accommodate your child or relocation.)
- Immunization record**
- Copy of birth certificate or alternate**
- Copy of Child's Passport/Student Visa (if applicable)**