



SIBLING APPLICATION FOR ENROLMENT

A Great School

For Office Use Only Date Received: _____ Deposit: \$ _____

Kamin Education Centre
Pre-Nursery to Grade 5
300 Atkinson Avenue
Thornhill, ON L4J 8A2

Danilack Middle School
Hurwich Education Centre
Grades 6 to 8
252 Finch Avenue West
Toronto, ON M2R 1M9

Posluns Education Centre
Nursery to Grade 5
18 Neptune Drive
Toronto, ON M6A 1X1

(Please complete and submit one form per child)

I wish to enroll my child in the following academic program:

Please be sure to complete each of the three areas in this section

1 Campus applying for

- Kamin Education Centre
- Posluns Education Centre
- Danilack Middle School

2 Program applying for

- | | | |
|--|---|--|
| <input type="checkbox"/> Mini Mensch & Beyond <small>(Kamin only)</small> | <input type="checkbox"/> 3 Days/week <input type="checkbox"/> ½ day 12:00 PM <input type="checkbox"/> ½ day 1:00 PM | <input type="checkbox"/> 5 Days/week <input type="checkbox"/> Full Day <input type="checkbox"/> ½ day 12:00 PM <input type="checkbox"/> ½ day 1:00 PM |
| <input type="checkbox"/> Nursery | <input type="checkbox"/> A.M. | <input type="checkbox"/> Full Day |
| <input type="checkbox"/> Junior Kindergarten | <input type="checkbox"/> A.M. | <input type="checkbox"/> Full Day <input type="checkbox"/> Hebrew Immersion <small>(Kamin only)</small> |
| <input type="checkbox"/> Senior Kindergarten | <input type="checkbox"/> A.M. | <input type="checkbox"/> Full Day <input type="checkbox"/> Hebrew Immersion <small>(Kamin only)</small> |
| <input type="checkbox"/> Grade: _____ | | |

3 Academic Year commencing

September _____

PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian #1 _____
Last Name First Name

Name of Parent/Guardian #2 _____
Last Name First Name

STUDENT INFORMATION

Name of Child _____ Male Female
Last Name First Name Middle Name

Hebrew Name _____ Home Phone _____

Address of Child _____
No. & Street Apt. No. City Province Postal Code

Date of Birth _____ Place of Birth _____
mm / dd / yyyy City Country

Citizenship _____ First Language _____ Other Languages _____

Date of arrival in Canada (if not born in Canada) _____

If not a Canadian citizen please indicate status in Canada Landed Immigrant Visitor Refugee

Student Visa Permit or Passport Number (please include a copy of Visa/Passport) _____

CHILD'S EDUCATION HISTORY

1) **School type** Private Private Hebrew Day School Public Pre-School

School Name _____ Grade _____ Dates Attended _____

City _____ Country _____

2) **School type** Private Private Hebrew Day School Public Pre-School

School Name _____ Grade _____ Dates Attended _____

City _____ Country _____

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 _____

PLEASE NOTE:

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

Acceptance of your child is conditional upon the following:

- An assessment meeting with a member of our educational staff
- Submission of completed tuition documents and payments by the deadline

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**
(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)**