



Kehila Heschel  
School

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

Tel: (905) 529-7725 Fax: (905) 529-969

Email: office@kehilaschool.ca Web site: www.kehilaschool.ca

Beneficiary of Hamilton Jewish Federation

Generously supported by The Weisz Family Foundation, The Beth Jacob Synagogue and Temple Anshe Sholom

Please print or type

# Application for Admission

## Student Profile

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Date of birth (M/D/Y) \_\_\_\_\_ Male  Female

Current Grade \_\_\_\_\_ Applying for Grade \_\_\_\_\_ School Year \_\_\_\_\_

Home Address \_\_\_\_\_ Apt.# \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal code \_\_\_\_\_ Phone \_\_\_\_\_ email \_\_\_\_\_

Child lives with: both parents  mother  father  other

## Parent Information # 1

Mr  Mrs  Ms  Dr  Rabbi  Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Home Address \_\_\_\_\_ Apt.# \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal code \_\_\_\_\_ Cell \_\_\_\_\_ email \_\_\_\_\_

Occupation \_\_\_\_\_

## Parent Information # 2

Mr  Mrs  Ms  Dr  Rabbi  Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Home Address \_\_\_\_\_ Apt.# \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal code \_\_\_\_\_ Cell \_\_\_\_\_ email \_\_\_\_\_

Occupation \_\_\_\_\_

Marital status of parents (check one): Married  Separated  Divorced  Widowed  Other

Student lives with (check one) Both parents  Parent 1  Parent 2  Other

If parents are not living in the same household, are there shared custody arrangements? Yes  No

Congregational Affiliation \_\_\_\_\_



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**Student's Status in Canada**

Canadian  Landed Immigrant  Other  (Please explain) \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Language spoken at home \_\_\_\_\_

**Nursery School or School previously attended**

Secular school(s)	_____	_____	_____
	School	Grade(s)	Date (from - to)
	_____	_____	_____
	School	Grade(s)	Date (from - to)
Jewish school(s)	_____	_____	_____
	School	Grade(s)	Date (from - to)
	_____	_____	_____
	School	Grade(s)	Date (from - to)

**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 _____

**Emergency Contacts**

Physician's Name \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

**Emergency Contacts (Family and/or Friends) (only to be contacted if Parent's unavailable)**

Name	(1) _____	(2) _____
Relationship	(1) _____	(2) _____
Phone (daytime)	(1) _____	(2) _____



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**Personal History**

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

Physical: (e.g. allergies - topical and/or consumed (if anaphylaxis, ask the office for additional form), visual, hearing, medication):

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Developmental: (previous educational or psychological testing)

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Child's hobbies and extra-curricular interests:

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Please include any further information that will help us understand your child:

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**A deposit of \$680.00 payable to The 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 \$680.00 (non-refundable deposit) equal the balance of fees and will be 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%. Any balance owed by the parent(s) to Kehila Heschel School will be immediately due and payable.

In the event of expulsion any refund due to the parent(s) from Kehila Heschel 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**

1. Completed pre-registration form
2. Cheque/e-transfer/VISA or Mastercard (+3% charge for use of credit card) for the deposit of \$680.00 which will be deducted off your June tuition payment. Cheques payable to **The Kehila Jewish Day School.**
3. Copy of your child's birth certificate
4. If not a Canadian Citizen, a copy of child's passport/student visa
5. Parents and legal guardians of junior and senior kindergarten registrants and students new to Ontario are asked to report their vaccinations to Hamilton Public Health. Please visit Public Health online reporting tool at [www.hamilton.ca/reportingvaccines](http://www.hamilton.ca/reportingvaccines) and select the online option. Parents are responsible for notifying Public Health each time their daycare or school-aged child receives a vaccine – this is not the responsibility of the school.

Credit Card No: \_\_\_\_\_ Expiry \_\_\_\_\_ CVV \_\_\_\_\_