



BETH DAVID B'NAI ISRAEL BETH AM
55 YEOMANS ROAD
TORONTO, ONTARIO M3H 3J7
Principal: Michael Rubin
mrubin@bethdavid.com

Phone: 416-633-5500
Fax: 416-633-1740
www.bethdavid.com

HEBREW SCHOOL APPLICATION FORM – 5780 / 2019-2020 SK TO GRADE 7

FAMILY SURNAME: _____

DATE: _____

CHILD'S INFORMATION

Child's English Name: _____

Hebrew Name: _____

English Date of Birth: _____
Month Day Year

Hebrew Date: _____
Day Month Year

School: _____

Grade as of September 2019: _____

Previous Hebrew School or Lessons: _____

Weekly Hours of Instruction: _____ Years at Hebrew School: _____

Private Lessons: Name: _____ Phone #: _____

Are your child's vaccinations up to date? Yes No

If no, please give reason: _____

Dietary issues /allergies: _____

Learning or behaviour issues: _____

My child has an IEP that I will share with the School Principal. Yes No

May we take and use your child(ren)'s photo? Yes No

Would you be interested in subsidized transportation to Beth David? Yes No

Have you booked a Bar/Bat Mitzvah Celebration? Yes No

Would you like to receive information about booking a Bar/Bat Mitzvah at Beth David? Yes No

PARENT INFORMATION

Father

Mother

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

Prov: _____ Postal Code: _____

Prov: _____ Postal Code: _____

Email address: _____

Email address: _____

Telephone
(Home): _____

Telephone
(Home): _____

(Cell): _____

(Cell): _____

(Work): _____

(Work): _____

Marital Status: Married Separated
Divorced Remarried

Marital Status: Married Separated
Divorced Remarried

Member of Beth David

Member of Beth David

Member of other Synagogue Unaffiliated

Member of other Synagogue Unaffiliated

Please list: _____

Please list: _____

PAYMENT DETAILS

Second child fees must be equal or less than first child fees for discount.

Withdrawals on or before August 15, 2019 are eligible for a full refund minus a \$100 administration fee.

SK - Gr.1 First Child: Member: \$ 600.00 Non-Member \$700.00

SK - Gr.1 Second Child: Member: \$ 500.00 Non-Member \$600.00

Gr.2-7 First Child: Member: \$ 1100.00 Non-Member \$1300.00

Gr.2-7 Second Child: Member: \$ 850.00 Non-Member \$1050.00

Early Registration Discount (before June 30, 2019): -\$50.00

TOTAL AMOUNT: \$ _____

Payment Options: One payment – August 1, 2019 Two equal payments – August 1 and October 1, 2019

Form of Payment: Visa MasterCard Cheque (payable to Beth David Synagogue)

Card #: _____ - _____ - _____ - _____ Expiry Date: _____

Name on Card: _____ Signature: _____

For Office Use Only:

Administration: _____ Accounting: _____