



Hamilton Hebrew Academy ^{ב"ה} האקדמיה העברית בהמילטון

HHA Preschool (Infant, Toddler & Nursery) REGISTRATION & TUITION AGREEMENT

Although there are no internal subsidies available for these programmes, subsidies may be available from the City of Hamilton. Forms can be filled out online by visiting <https://onehsn.com/hamilton>. There tends to be a wait list so please take this step as soon as possible. Please complete the whole form below (5 pages)

Child (Infant, Toddler & Nursery only):

First Name _____ Last Name _____ Birth Date (mm/dd/yyyy) _____
Hebrew Name: _____ Hebrew Birthday: _____

Parent / Guardian 1 {PRIMARY} :

Emergency Contact

First Name _____ Last Name _____ Place of Work _____
Home # _____ Work# _____ Cell# _____ e-mail _____
Home address _____
Occupation _____ Business Address _____

Parent / Guardian 2:

Emergency Contact

First Name _____ Last Name _____ Place of Work _____
Home # _____ Work# _____ Cell# _____ e-mail _____
Home address (if different than above) _____
Occupation _____ Business Address _____

Which parent should be called first if your child is sick? _____ Child lives with: _____

Emergency Contact 1 (other than parent):

Name _____ Relationship _____
Work# _____ Cell# _____ e-mail _____

Emergency Contact 2 (other than parent):

Name _____ Relationship _____
Work# _____ Cell# _____ e-mail _____

Non-Emergency Contact (other than parent): (If student is sick according to public health policies and neither parent can be contacted to pick up, must be local & available to pick up your child if necessary):

Name _____ Work# _____ Cell# _____ e-mail _____



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Relevant custody information (if applicable)

Additional people authorized to pick-up your children other than those stated above:

Name _____ Cell# _____

Name _____ Cell# _____

Name _____ Cell# _____

Name _____ Cell# _____

MEDICAL INFORMATION

Name on Health Card: _____ Health Card # _____ Expiry _____

Child's physician: _____ Phone #: _____

Address: _____

Street

Unit #

City

Postal

Previous communicable diseases: Date: _____ Illness: _____

Previous illness or injuries: Child _____ Date: _____ Injury: _____

Special medical conditions or known allergies:

- My Child has severe allergies and I have attached an Anaphylaxis Action Plan (can be found on our website.)**

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FEES & TUITION AGREEMENT:

Please circle schedule below that applies

Infants 0 - 18 months (monthly fees)			
	TIME TABLE	HRS	RATE
Early Care	8:00-8:45	.75	\$115
Mornings	8:45-12:15	3.5	\$595
Afternoon	12:15-3:45	3.5	\$595
Full 1	8:45-3:45	7	\$995
Full 2	8:45-5:00	8.25	\$1,150
Full 3	8:00-5:30	8.75	\$1,225

Toddler 18 – 30 months (monthly fees)					
	TIME TABLE	HRS	5 DAYS	3 DAYS	2 DAYS
Early Care	8:00-8:45	.75	\$115	\$75	\$50
Mornings	8:45-11:45	3	\$450	\$300	\$200
Afternoon	11:45-3:45	4	\$600	\$400	\$265
Full 1	8:45-3:45	7	\$875	\$575	\$385
Full 2	8:45-5:00	8.25	\$1,025	NA	NA
Full 3	8:00-5:30	8.75	\$1,100	NA	NA

Nursery 30 months + (monthly fees)					
	TIME TABLE	HRS	5 DAYS	3 DAYS	2 DAYS
Early Care	8:00-8:45	.75	\$115	\$75	\$50
Mornings	8:45-12:15	3.5	\$475	\$315	\$210
Afternoon	12:15-3:45	3.5	\$475	\$315	\$210
Full 1	8:45-3:45	7	\$875	\$575	\$385
Full 2	8:45-5:00	8.25	\$1,025	NA	NA
Full 3	8:00-5:30	8.75	\$1,100	NA	NA

Student Name (s)	Student Last Name	Full Birth Date (mm/dd/yyyy)	Please circle days of week your child will attend as well as fill in start and end time	
			days attending	Start Time & End Time (Include Before & After Care)
			M T W T F	-

Requested Start Date: _____ (subject to change based on availability)

Monthly Fee Total: _____

- I have been accepted for the City of Hamilton Child Care Subsidy Program at the rate of _____ which will be deducted from my rate. I recognise that I am responsible for paying the amount that is not covered by the subsidy. Unfortunately, there are no subsidies available for the daycare through the HHA.

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PLEASE NOTE:

Absent/Sick Days/Vacation time/Legal or Jewish Holiday closures/Snow Days/Extra days
 Parents are responsible for full fees on days that your child is absent, sick or on vacation. Fees have been calculated to include closures due to legal holidays, school board holidays, Jewish holidays or snow days.

NO REFUNDS ARE GIVEN FOR ABSENTEEISM OR LEGAL, SCHOOL BOARD OR JEWISH HOLIDAYS. PAYMENT IS MADE BY THE MONTH, AND NO REFUNDS ARE GIVEN IF THE CHILD IS WITHDRAWN BEFORE THE END OF THE MONTH.

ONE FULL MONTH'S NOTICE IS REQUIRED IF YOUR CHILD IS LEAVING THE PROGRAM.

Please contact our admissions office if you would like to request extra care for your child beyond what you are registered for. We are happy to accommodate you if we have the space. You will receive an e-mail confirmation if we are able to accommodate. We are unable to accommodate late pick-ups. In extenuating circumstances or in case of emergency, after the first time, you will be billed at a rate of \$12 per hour.



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- I am registering my child for the whole summer & general school year (12 Months beginning in July of _____ until June of _____)
- I am registering my child just for one month of the summer program _____ (indicate month) and the coming year September – June.
- I am registering only for 10 months (this coming September to June)

I agree to pay the tuition fee noted above as follows:

- Postdated cheques provided to the school prior to April 27th, 2018
- Monthly Credit Card deductions provided to the school prior to April 27th, 2018
- A one-time fee to be paid prior to April 27th, 2018

Print Name _____ Signature _____ Date _____

CREDIT CARD INFORMATION

(Please note that a 2% surcharge will be added to all credit card payments.)

Name on card _____ Card # _____

Card Type (circle one) Visa / Mastercard Expiry ____ / ____ Code _____

OFFICE USE ONLY:

\$200 one-time application fee received on _____ with application received on _____

Acceptance e-mail sent on _____ or wait list status details _____

Start date of applicant: _____ Discharge date: _____

Schedule Revision Details _____ New Monthly Fee _____

Effective _____ Signed _____ Notes _____

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PARENT / GUARDIAN CONSENT:

- I understand that in the event of sudden illness or accidental injury, every effort will be made to contact the parent or guardian. Should I be unavailable, you are authorized to transport my child to the closest emergency ward of a hospital for immediate medical attention. In the event of a minor medical issue, I authorize the staff of the Hamilton Hebrew Academy to provide my above mentioned child(ren) with necessary medical treatment as appropriate.
- I give the HHA permission to administer medication to my child. I will fill out a form that will accompany the labelled medication. (Verbal permission is not sufficient. If your child tends to need over-the counter medications please make sure to leave a clearly labelled bottle accompanied with a signed form in the office. Verbal permission will be required if the medication is not on a regular regimen.)
- My children's medical information on file is current and does not need to be updated. In the event that there are any changes I will immediately inform the school office and provide a new medical form. This includes any changes to health card numbers, allergies, or if my child contracted any communicable diseases.
- I give the staff at the HHA permission to use a diaper cream or topical ointment on my child for a diaper rash or other skin condition. I have used this product previously without any adverse reaction to my child's skin. The cream / ointment is clearly labelled with my child's name and the instructions for application will be provided in writing attached to the product.
- Due to dietary restrictions, I am forgoing the meal plan that the school is providing on behalf of my child, and I will provide meals for my child that will meet the Canadian Food Requirements and will not contain any allergen that the school has made me aware of.
- My child has additional dietary restrictions as follows: _____
- I give permission for the staff at The Hamilton Hebrew Academy to take my child(ren) on excursions to the playground, local parks, as well as on walks in the vicinity of the school, or in strollers in the neighbourhood, on the premises for religious study & educational experiences. This authorization remains in effect until the school is notified in writing to revoke this permission.
- I give permission for my name, telephone #, and e-mail address to be included in my children's class lists to be shared and distributed to other parents in my children's classes at the beginning of the school year.
- I consent to the use of the email address(es) provided on this registration form to receive electronic communications from the HHA which will include (but are not limited to) e-bulletins, office memos, and teacher communications. I recognize that these e-mails may include important and time sensitive information and agree to check e-mails frequently.
- I have reviewed the content of the current School Handbook (available online at http://www.hamiltonhebrewacademy.ca/cms.php?cms_link=shandbook) in its entirety including our photo permissions policy and accept and agree to abide by all the terms & conditions. I have also discussed the pertinent information with my child/ren.

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- In registering my child(ren) I recognize that the HHA is reserving space for the entire year. In the event of early withdrawal, I will be responsible for a pro-rated amount of the tuition up to the date of withdrawal, plus 25% of the remaining annual tuition or one month tuition, not to exceed the total amount for the year. There will be no make-up days, refunds or credits in the event of absences or extended vacations.

Accompanying this form are the following:

- New Student Application with \$200 application fee (for new students only)
- Medical Form (only for new students or to update medical information)
- Anaphylaxis form if applicable
- Photocopy of birth certificate (new students only)
- Photo of student (new students only)
- Updated Vaccination Records
- Bus Form (if applicable)

Parent / Guardian Consent for Handbook & Policies

Parent Name _____ Signature _____ Date _____

Parent Name _____ Signature _____ Date _____

OFFICE USE ONLY: Full admissions packet rcvd on: _____

Start date of applicant(s): _____ Discharge date: _____

Notes: _____
