



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

REGISTRATION FORM

JK – Grade 8

2017 / 2018 – 5778

All families must complete & sign this form, accompanied by all applicable forms & supporting documentation for registration to be complete. No child will be admitted to class without the completed admissions packet.

Student First Name	Student Last Name	Student Grade	Full DOB (mm/dd/yyyy)	Health Card #

Parent / Guardian 1:

First Name _____ Last Name _____ Place of Work _____

Home # _____ Work# _____ Cell# _____ e-mail _____

Home address _____

Parent / Guardian 2:

First Name _____ Last Name _____ Place of Work _____

Home # _____ Work# _____ Cell# _____ e-mail _____

Home address (if different than above) _____

Emergency Contact 1:

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

Emergency Contact 2:

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

Non-Emergency Contact (If student is sick according to public health policies and neither parent can be contacted to pick up):

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

Additional people authorized to pick-up your children in your absence:

Name _____ Cell# _____

Name _____ Cell# _____



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Accompanying this form are the following:

- Tuition Agreement
- New Student Application (new students only)
- \$200 application fee (for new students only)
- Medical & Anaphylaxis form if applicable (only for new students or to update medical information)
- Photocopy of the 3 most recent report cards (new students only)
- Photocopy of birth certificate (new students only)
- Photo of student (new students only)
- Updated Vaccination Records
- Bus Form, if applicable

Additional Terms:

- 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.
- 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 fill in a new medical form. This includes any changes to health card numbers, allergies, or if my child contracted any communicable diseases.
- 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.

Acceptance of Handbook & Policies

- 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 and accept and agree to abide by all the terms & conditions. I have also discussed the pertinent information with my child/ren.
- 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, 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.
- In case of emergency, I authorize the staff of the Hamilton Hebrew Academy to provide my above mentioned child(ren) with necessary medical treatment as appropriate.
- I give permission for my above mentioned child(ren) to participate under supervision in the educational, recreational, and/or community walking trips during the school year. This authorization remains in effect until the school is notified in writing to revoke this permission.

Parent Name _____ Signature _____ Date _____

Parent Name _____ Signature _____ Date _____

OFFICE USE ONLY: Full admissions packet rcvd on: _____
 Start date of applicant(s): _____ Discharge date: _____