

## The Temmy Latner Hebrew School Application

Child's Name \_\_\_\_\_

Jewish from Birth       Non Jewish       Converted\*       Adopted

Hebrew Name \_\_\_\_\_ M  F

Birthday \_\_\_\_\_

School Attending in the Fall \_\_\_\_\_ Grade Entering \_\_\_\_\_

Pediatrician \_\_\_\_\_ phone number \_\_\_\_\_

Health Card # \_\_\_\_\_

Allergies, medical issues or learning difficulties \_\_\_\_\_

Parents or Guardians Name \_\_\_\_\_

Address (including postal code) \_\_\_\_\_

Home Phone # \_\_\_\_\_

Mother's Cell Phone # \_\_\_\_\_

Father's Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_

*\* email is frequently used for correspondence. Please provide an address that is checked regularly*

Father's Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Jewish from Birth       Non Jewish       Converted\*       Adopted

Business Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Jewish from Birth       Non Jewish       Converted\*       Adopted

Business Phone \_\_\_\_\_

Parents' Marital Status \_\_\_\_\_ Child Living With \_\_\_\_\_

Emergency contact during school hours

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

\*If converted, please provide the following details:

Rabbi or Agency Name \_\_\_\_\_ Date: \_\_\_\_\_

Kindly complete in full, and submit along with the \$50 registration fee to address on back page.

Visa       Master Card       American Express

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on credit card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Cheques can be made out to the Temmy Latner Hebrew School*