

83 Green Lane
Thornhill, Ontario
L3T 6K6
905 886-0420 ext 227



Welcome to Torah Tots,

Whether you are one of our Alumni or looking at a first preschool experience, be prepared to be amazed.

Torah Tots is a preschool beyond your imagination. It is a warm, loving, nurturing and modern preschool incorporating the best theories and practice into an inspiring Jewish experience.

At Torah Tots Preschool your child will:

- Be challenged academically and engaged emotionally.
- Receive individual attention because of our low teacher child ratio.
- Be immersed in the beauty and joy of the Jewish traditions.
- Be energised through movement, sport and our outdoor natural playscape.
- Express creativity through music, art and drama.

- Refer a friend and receive a \$100 discount.
- Register a sibling and receive a \$100 discount.

There is a reason we have over 1500 graduates and we have been around for 33 years.

GIVE YOUR CHILD THE BEST SHOT AT LIFE AT TORAH TOTS PRESCHOOL!

To book a personal tour or to meet with Goldie Plotkin, Director of Torah Tots Preschool, please call 905-886-0420 ext. 227.



TORAH TOTS PRE-SCHOOL • 83 GREEN LANE, THORNHILL, ON L3T 6K6

Tel: 905-886-0420 • Fax: 905-886-0421

www.chabadmarkham.org

REGISTRATION FORM FOR SCHOOL YEAR 2020-2021

Admission Date: _____ Date of Discharge: _____

Child's first name: _____ Child's last name: _____

Child's Hebrew name: _____ Date of Birth (DD/MM/YYYY): ___/___/___

Sex: M / F Home address: _____

Postal Code: _____ Home Phone: _____

Child lives with: _____ Child's age in September: ___ yrs. ___ months

MOTHER

First Name: _____ Last Name: _____ Hebrew Name: _____

Address (if different from above): _____

Home Phone (if different from above): _____ Cell Phone: _____

Occupation: _____ Company name: _____ Business Ph #: _____

Business address: _____

E-mail: _____

(Optional) I give permission to Torah Tots to include my e-mail address on the class list given to parents: _____

FATHER

First Name: _____ Last Name: _____ Hebrew Name: _____

Address (if different from above): _____

Home Phone (if different from above): _____ Cell Phone: _____

Occupation: _____ Company name: _____ Business Ph #: _____

Business address: _____

E-mail: _____

(Optional) I give permission to Torah Tots to include my e-mail address on the class list given to parents: _____

Child's Pediatrician: _____ Phone number: _____

Address: _____

OHIP Number: _____

Allergies or medical problems: _____

Any history of communicable disease _____

EMERGENCY CONTACT

Name: _____ Relation to child: _____

Home phone: _____ Cell phone: _____

Home Address _____

AUTHORIZED PERSONS TO PICK UP CHILD FROM SCHOOL OTHER THAN PARENTS (Please add any additional information to the back of this page):

Name: _____ Relation to child: _____

Home phone: _____ Cell phone: _____

If an emergency arises (G-d forbid) and none of the above telephone numbers can be reached, I hereby give Torah Tots Pre-School permission to take whatever measures it feels proper for the occasion. I hereby give Torah Tots Pre-School permission to take my children on trips.

Parent/Guardian signature: _____ Date: _____

DEPOSIT & REGISTRATION FEE

To secure your spot, a \$100 non-refundable registration fee and a \$500 deposit is required on registration which will be applied to the June, 2021 payment and is non-refundable.

DISCOUNTS

Additional siblings receive a \$100.00 discount (per additional child).

Refer a friend and receive a \$100 discount.

Discounts are applied to the total tuition cost.

PAYMENT INFORMATION

TUITION PER MONTH: _____ (Note: Post-dated payments are required for the entire school year.)

Check applicable discounts:

- Additional sibling discount of \$100.00
- Refer a Friend discount of \$100.00

Payable by September 1st, 2020:

TRIP FEE: \$50.00

T-SHIRT FEE: \$10.00 (Check here if your child will need a Torah Tots t-shirt, mandatory for all school trips.)

Deposit amount (one month's payment, applied to June, 2021): _____.

Please include:

- Postdated cheques made to CLOM (Deposit must be current date. Remaining cheques are due 1st of every month, beginning September 1, 2020. Trip fee & t-shirt fee should be post-dated for Sept. 1st, 2020.)
- Visa/ MasterCard _____ exp. _____
- Name on Card _____

Name as it appears on card: _____

Let's get to know you!

How did you become interested in Torah Tots? _____

Child's previous/current schools/playgroups: _____

Languages spoken at home: _____ Languages spoken by child: _____

SIBLINGS

1. Name: _____ Age: _____ School: _____

2. Name: _____ Age: _____ School: _____

We encourage all parents to find ways of participating in their child's Jewish education and offer the following opportunities for your consideration:

Would you be interested in: (please indicate which parent)

- Becoming a class Parent? _____
- Assisting the class parent? _____
- Helping with special holiday celebrations? _____
- Sharing an experience or professional knowledge with a class (e.g. work-related experiences, etc.)? _____
- Helping in another way? _____
- Would you be interested in taking an adult study course in:
 - Basic Judaism
 - Torah/text study
 - Hebrew
 - Kaballah/Mysticism
 - Other: _____

Please indicate your program of interest

Pre-Nursery: (18 months – 2 ½ years)

- | | | | |
|--------------------------|--------------------------|---|----------------|
| <input type="checkbox"/> | 5 day Pre-Nursery | Mon. – Fri.: 9:00 am – 12:00 pm | \$685.00/month |
| <input type="checkbox"/> | 3 day Pre-Nursery | Mon., Wed. & Fri.: 9:00 am – 12:00 pm | \$490.00/month |
| <input type="checkbox"/> | 2 day Pre-Nursery | Tuesday & Thursday: 9:00 am – 12:00 pm | \$380.00/month |

Nursery (age 3 by 12/31/20)/JK: (age 4 by 12/31/20)

- | | | | |
|--------------------------|---------------|--|----------------|
| <input type="checkbox"/> | 5 days | Mon. – Fri.: 9:00 am – 12:00 pm | \$685.00/month |
|--------------------------|---------------|--|----------------|

Pre-Nursery, Nursery Enrichment Program Option

- | | | | |
|--------------------------|--|--|---------------|
| <input type="checkbox"/> | 5 days with Lunch until 1:00 pm | Monday – Thursday: 9:00 am – 1:00 pm
Friday: 9:00 am – 12:00 pm | \$850.00 |
| <input type="checkbox"/> | 5 days with Enrichment Prog. until 3:30 pm* | Monday – Thursday: 9:00 am – 3:30 pm
Friday: 9:00 am – 12:00 pm | \$1,310.00 ** |

*According to York Region, all children must participate in naptime during the **afternoon program**. If you feel that your child **should not be required to participate in nap time, please sign here:** _____

** Fees for Enrichment Programs include lunch.

Subsidies: We are registered with York Region for fee assistance. To apply, please call 1-888-703-5437.

To secure your spot, include (if you are on Fee Assistance, **only the \$100 Registration Fee is necessary**):

- All Forms
- \$100 non-refundable Registration Fee
- \$500 non-refundable deposit (deducted from your annual fee)
- **10 post-dated cheques from September – June of the school year or a credit card number to be kept on file.**

Cancellation Policy

In the event that you need to take your child out in the middle of a school year, we will return all payments scheduled for the month after notice. Please note that the deposit of \$500 and registration fee of \$100 will not be returned.

Child Care Receipts

You will receive a Child Care Receipt at the end of each tax year in which you made payments.

Immunization record

To be completed by parent **prior** to entry into child care centre.

Name of child care centre _____

Child's name _____

Ontario Health Card number: _____ Birth date: _____ sex: _____
yy/mm/dd

Parent or guardian _____

Address _____

Telephone: home: _____ business: _____

Under the *Day Nurseries Act*, Section 33, "every operator shall ensure that before a child is admitted to a day nursery operated by the operator or to a location where private-home day care is provided by the operator, and from time to time thereafter, the child is immunized as recommended by the local medical officer of health."

Please complete the record below (enclose a copy of the child's immunization record if possible) and **return to the operator of the child care centre, prior to admission.**

Date vaccine given	Diphtheria	Tetanus	Pertussis	Polio	Hib	Pneumo conjugate	Measles, Mumps Rubella	Men C conjugate	Varicella	Hepatitis B

Call the York Region Community and Health Services Immunization Team at 1-877-794-1880 if:

- This child needs an exemption from immunization against any disease listed for medical, religious or conscientious reasons, or
- This child does not have an immunization record, or
- You have any questions about this form

Collection of this information is authorized under the *Day Nurseries Act*, 1990. This information is used by the Medical Officer of Health to take appropriate action to prevent certain vaccine preventable diseases in York Region. For further details concerning the collection, please contact the Manager of Infectious Diseases Control, Community and Health Services Department at (905) 830-4444 ext. 3578.