

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.

Up-to-date Immunization Records are MANDATORY. Please email a copy to torahtots@chabadmarkham.org or fax to 905-886-0421. This must be submitted before the first day of school in order to be allowed entrance.

Call York Region Community & Health Services Immunization Team at 1-877-794-1880 if you need exemption forms or have any questions.

There is a reason we have over 1500 graduates and we have been around for 35 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 2025-2026

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 Address: _____
E-mail: _____ Business Ph. _____
(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 address: _____
E-mail: _____ Business Ph. _____
(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 \$200 non-refundable registration fee and a \$500 deposit is required on registration which will be deducted from your annual fee and is non-refundable. If you are on Fee Assistance, only the \$200 Registration Fee is necessary.

PAYMENT INFORMATION

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

Payable by September 1st, 2025:

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 your annual tuition): _____.

Please include:

Postdated cheques made to CLOM (Deposit must be current date. Remaining cheques are due 1st of every month, beginning September 1, 2025. Trip fee & t-shirt fee should be post-dated for Sept. 1st, 2025.)

Visa/ MasterCard _____ **exp.** _____

Name 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 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: _____

In the upcoming months, the new CWELCC Fees Subsidy/Grants will be released. However, please note that the anticipated reductions in fees are not yet reflected in the current information below. We appreciate your patience and understanding as we work towards implementing these changes.

Please indicate your child's age group			
<input type="checkbox"/> Toddler (18 mos – 2 ½ yrs)	<input type="checkbox"/> Pre-Nursery (2 ½ yrs – 3 ½ yrs)	<input type="checkbox"/> Nursery/JK (3 ½ yrs and up)	
Please indicate your program of interest			
<input type="checkbox"/> Full Daycare	\$1600/month	Mon – Thurs 8:15 am – 5:15 pm Friday 8:15 am – 3:00 pm *Winter months – until 2:00 pm	CWELCC: \$843.90/month Parents Due: \$756.10/month
<input type="checkbox"/> Enrichment	\$1310/month	Mon – Thurs 9:00 am – 3:30 pm Friday 9:00 am – 12:00 pm	CWELCC: \$691.00/month Parents Due: \$619.00/month
<input type="checkbox"/> Half Day with lunch	\$850/month	Mon – Thurs 9:00 am – 1:00 pm Friday 9:00 am – 12:00 pm	CWELCC: \$448.27/month Parents Due: \$401.73/month
<input type="checkbox"/> Half Day	\$685/month	Monday – Friday 9:00 am – 12:00 pm	CWELCC: \$361.27/month Parents Due: \$323.73/month

*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 & Day 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 \$200 Registration Fee is necessary**):

- All Forms
- \$200 non-refundable Registration Fee (CWELCC covered - \$105.50; Parents - \$94.50)
- \$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 \$200 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.