



# APPLICATION FOR ENROLMENT

## A Great School

For Office Use Only Date Received: \_\_\_\_\_  Deposit: \$ \_\_\_\_\_

**Kamin Education Centre**  
Pre-Nursery to Grade 5  
300 Atkinson Avenue  
Thornhill, ON L4J 8A2

**Danilack Middle School**  
**Hurwich Education Centre**  
Grades 6 to 8  
252 Finch Avenue West  
Toronto, ON M2R 1M9

**Posluns Education Centre**  
Nursery to Grade 5  
18 Neptune Drive  
Toronto, ON M6A 1X1

(Please complete and submit one form per child)

### I wish to enroll my child in the following academic program:

Please be sure to complete each of the three areas in this section

#### ① Campus applying for

- Kamin Education Centre
- Posluns Education Centre
- Danilack Middle School

#### ② Program applying for

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Mini Mensch & Beyond<br><small>(Kamin only)</small> | <input type="checkbox"/> 3 Days/week<br><input type="checkbox"/> ½ day 12:00 PM<br><input type="checkbox"/> ½ day 1:00 PM | <input type="checkbox"/> 5 Days/week<br><input type="checkbox"/> Full Day<br><input type="checkbox"/> ½ day 12:00 PM<br><input type="checkbox"/> ½ day 1:00 PM |
| <input type="checkbox"/> Nursery   | <input type="checkbox"/> A.M.   | <input type="checkbox"/> Full Day  |
| <input type="checkbox"/> Junior Kindergarten                                 | <input type="checkbox"/> A.M.   | <input type="checkbox"/> Full Day<br><input type="checkbox"/> Hebrew Immersion<br><small>(Kamin only)</small>  |
| <input type="checkbox"/> Senior Kindergarten                                 | <input type="checkbox"/> A.M.   | <input type="checkbox"/> Full Day<br><input type="checkbox"/> Hebrew Immersion<br><small>(Kamin only)</small>  |
| <input type="checkbox"/> Grade: _____  |   |  |

#### ③ Academic Year commencing

September \_\_\_\_\_

### STUDENT INFORMATION

Name of Child \_\_\_\_\_  Male  Female  
Last Name First Name Middle Name

Hebrew Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address of Child \_\_\_\_\_  
No. & Street Apt. No. City Province Postal Code

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
mm / dd / yyyy City Country

Citizenship \_\_\_\_\_ First Language \_\_\_\_\_ Other Languages \_\_\_\_\_

Date of arrival in Canada (if not born in Canada) \_\_\_\_\_

If not a Canadian citizen please indicate status in Canada  Landed Immigrant  Visitor  Refugee

Student Visa Permit or Passport Number (please include a copy of Visa/Passport) \_\_\_\_\_

### CHILD'S EDUCATION HISTORY

1) School type  Private  Private Hebrew Day School  Public  Pre-School

School Name \_\_\_\_\_ Grade \_\_\_\_\_ Dates Attended \_\_\_\_\_  
City \_\_\_\_\_ Country \_\_\_\_\_

2) School type  Private  Private Hebrew Day School  Public  Pre-School

School Name \_\_\_\_\_ Grade \_\_\_\_\_ Dates Attended \_\_\_\_\_  
City \_\_\_\_\_ Country \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

Marital Status  Married  Separated  Divorced  Widow(er)  Other \_\_\_\_\_

**PARENT / GUARDIAN #1**

If not parent indicate if legal guardian

Relationship to child \_\_\_\_\_

AHS Alumnus  Yes  No Year graduated \_\_\_\_\_

Last grade completed \_\_\_\_\_

Salutation  Mr.  Mrs.  Ms  Other \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Previous Last Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City Province Postal Code

Phone (Home) \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

Place of Birth \_\_\_\_\_

First Language \_\_\_\_\_

Other Language(s) \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Phone \_\_\_\_\_

**PARENT / GUARDIAN #2**

If not parent indicate if legal guardian

Relationship to child \_\_\_\_\_

AHS Alumnus  Yes  No Year graduated \_\_\_\_\_

Last grade completed \_\_\_\_\_

Salutation  Mr.  Mrs.  Ms  Other \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Previous Last Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City Province Postal Code

Phone (Home) \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

Place of Birth \_\_\_\_\_

First Language \_\_\_\_\_

Other Language(s) \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

\_\_\_\_\_

Work Phone \_\_\_\_\_

Child resides with  Both Parents  Father  Mother  Other \_\_\_\_\_

Correspondence to be sent to  Both Parents  Father  Mother  Other \_\_\_\_\_

**MEDICAL INFORMATION**

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

Name of Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Emergency Contact Name (1) \_\_\_\_\_ Telephone \_\_\_\_\_  
(Other than parent/guardian)

Emergency Contact Name (2) \_\_\_\_\_ Telephone \_\_\_\_\_  
(Other than parent/guardian)

Medical conditions / Allergies / Epi-Pen / Vision / Physical Challenges  Yes  No

If yes please provide details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treatment \_\_\_\_\_

Other health related concerns \_\_\_\_\_

Name(s) of other children	Birth date	Grade	Current school
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Name(s) of Grandparents**

Name	_____	_____	_____
Address	_____	_____	_____
Phone	_____	_____	_____
Email	_____	_____	_____

**Synagogue Affiliation:**

Are you a member of synagogue  Yes  No

If yes, please tell us which one: \_\_\_\_\_

**PLEASE NOTE:**

Students attending Associated Hebrew Schools must be Jewish according to the requirements of Jewish law.

Acceptance of your child is conditional upon the following:

- An assessment meeting with a member of our educational staff
- Submission of completed tuition documents and payments by the deadline

*I confirm that I am the legal parent/guardian for the child specified in this form and that I have the legal authority to enroll this child at Associated.*

*I certify that all the information I have provided is accurate and true and that I have read and understood all the information and statements in this form*

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE INCLUDE THE FOLLOWING WHEN SUBMITTING THIS APPLICATION:**

- A non refundable deposit of \$500.00**  
(Deposits may be refunded in certain instances, e.g. inability to accommodate your child or relocation.)
- Immunization record**
- Copy of birth certificate or alternate**
- Copy of Child's Passport/Student Visa (if applicable)**



## A Great School

For more information  
about your child's education at Associated,  
please feel free to contact our  
Admissions Coordinator,  
Pearl Greenspan at  
[pgreenspan@ahschools.com](mailto:pgreenspan@ahschools.com)  
or at 905-889-3998 Ext. 337