



# Registration



CHABAD OF WESTMOUNT

Jewish Children's Center for the Creative Arts

REGISTRATION FORM for 2007 page 1/2

## STUDENT INFORMATION

Last Name: \_\_\_\_\_ First \_\_\_\_\_  
 Hebrew name (if given): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Date of Birth: Day \_\_\_ Month \_\_\_ Year \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female  
 School Attending \_\_\_\_\_ Grade: \_\_\_\_\_

## FAMILY INFORMATION

FATHER: Last Name: \_\_\_\_\_ First: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 MOTHER: Last Name: \_\_\_\_\_ First: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Marital Status of Parents: \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced  
 If separated or divorced: Primary Guardian: \_\_\_\_\_  
 Languages spoken at home: \_\_\_\_\_

## MEDICAL/EMERGENCY INFORMATION

Does your child have a medical condition or allergies? \_\_\_no \_\_\_yes: *Please list.*

Emergency alternate contacts:

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Phone number: 1 \_\_\_\_\_ 2 \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Phone number: 1 \_\_\_\_\_ 2 \_\_\_\_\_



# Registration

CHABAD OF WESTMOUNT  
Jewish Children's Center for the Creative Arts  
REGISTRATION FORM for 2007 page 2/2

## ENROLLMENT INFORMATION

\_\_\_ I wish to enroll my child for: (please check)

\_\_\_ Group 1 (ages 3-4)

\_\_\_ Group 2 (ages 5-7)

\_\_\_ Group 3 (ages 8-10)

SEMESTER (please check)	___ 1st Semester	___ 2nd Semester	___ 3rd Semester	___ All 3 Semesters
DATES	Jan. 7, 14, 21, 28 Feb. 4	Feb. 18, 25. Mar 4, 11,18, 25	April 15, 22, 29 May 6, 13, 20	All
HOURS: SUNDAYS @	10:30 am-12:30 pm	10:30 am-12:30 pm	10:30 am-12:30 pm	10:30 am-12:30 pm
FEES	\$100	\$100	\$100	\$250

Please put me on the Children's Center for Creative Arts e-mailing list

Please put me on the Chabad of Westmount e-mailing list

E-MAIL: \_\_\_\_\_

## PAYMENT INFORMATION

*Deposit Fees are included in payment and will applied towards tuition.*

*Tuition includes all supplies, snacks and art pack.*

\_\_\_ Enclosed please find: \$ \_\_\_\_\_

Payment Method: \_\_\_ cash \_\_\_ cheque \_\_\_ visa \_\_\_ M/C \_\_\_ Amex

Credit card Number: \_\_\_\_\_ Expiration: \_\_\_/\_\_\_

Name on Card: \_\_\_\_\_

Parent's Name: _____
Signature: _____ Date: _____