



Please complete, sign and return to the office, together with the non-refundable registration fee.

STUDENT APPLICATION 2007-2008

NEW STUDENT

RETURNING STUDENT

Date: _____

Program: _____

Number of Days Per Week Requested: _____ A.M. P.M. FULL DAY

Last Name: _____ First Name: _____

Hebrew Name: _____ Birth date: _____
Month / Day / Year

Home Address: _____ Email _____

City: _____ Province: _____ Postal Code: _____

Mother:

Last Name: _____

First Name: _____

Hebrew Name: _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

Marital Status: M D S W

Synagogue Affiliation: _____

Siblings: _____

Father:

Last Name: _____

First Name: _____

Hebrew Name: _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

Marital Status: M D S W

School: _____

(If you have more children, please list on a separate sheet)

I have read and understood Zareinu's Admissions and Tuition policy. I understand that unless I abide by this policy, my child **cannot begin a program at Zareinu.**

I have included a \$395.00 registration fee. **I understand that this registration fee is non-refundable.**

Signature of Mother

Signature of Father

Please issue tuition receipt to: _____

Address: _____

For Office Use Only:

Date of Acceptance: ____/____/____ Approved By: _____ Start Date ____/____/____ End Date ____/____/____

Registration Fee Received Subsidy Application Given Approved Tuition: _____ Tuition Received: _____