

**OMJS registration 2010-2011**

<b>Student Information</b>	<b>Tuition fees</b>
<b>Last Name:</b> <b>First Name:</b> <b>Address</b>  <b>Phone:</b>	The registration and tuition fee schedule for 2010-2011 is: <b>\$1000</b> <i>Includes \$100 registration fee</i> <i>Tuition fees may be paid in monthly instalments</i>
<b>Gender: M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	
<b>Grade in 2009-2010:</b>	
<b>Day School:</b>	
<b>Parent and guardian information</b>	
<b>Parent or guardian 1: same as above</b> <input type="checkbox"/> <b>Last Name:</b> <b>First Name:</b> <b>Address:</b>  <b>Phone:</b> <b>Alternate phone:</b> <b>Email:</b> <b>Occupation:</b>	<b>Parent or guardian 2: same as above</b> <input type="checkbox"/> <b>Last Name:</b> <b>First Name:</b> <b>Address:</b>  <b>Phone:</b> <b>Alternate phone:</b> <b>Email:</b> <b>Occupation:</b>
<b>Issue Tax receipt to:</b>	
<b>Emergency contact information</b>	<b>Medical information</b>
<i>same as guardian 1</i> <input type="checkbox"/> <i>same as guardian 2</i> <input type="checkbox"/> <b>Last Name:</b> <b>First Name:</b> <b>Relationship:</b> <b>Address:</b>  <b>Phone:</b> <b>Alternate phone:</b>	<b>Doctor's name:</b> <b>Doctor's phone number:</b> <b>OHIP #</b> <b>Allergies or special needs:</b>
<b>Privacy directives</b>	<b>Volunteer information</b>
<b>I give permission to use my child's name/photograph in school promotional material.</b> YES <input type="checkbox"/> NO <input type="checkbox"/> <b>Parent's/Guardian's signature</b>	OMJS is a parent-run school, and your participation is essential. Please indicate in which area you are willing to help out.  Executive/Board <input type="checkbox"/> Music <input type="checkbox"/> Education Committee <input type="checkbox"/> Fundraising <input type="checkbox"/> Hebrew <input type="checkbox"/> Yiddish <input type="checkbox"/> Special Events <input type="checkbox"/> Other ideas: <input type="checkbox"/> As needed <input type="checkbox"/>
<b>I give permission to list our family's name and address in the school directory</b> YES <input type="checkbox"/> NO <input type="checkbox"/> <b>Parent's/Guardian's signature</b>	
<b>I give permission for my child to receive emergency medical treatment:</b> YES <input type="checkbox"/> NO <input type="checkbox"/> <b>Parent's/Guardian's signature</b>	