



Irma Penn School of Jewish Learning

1077 Grant Ave
Winnipeg, MB R3M 1Y6

204-453-1625
tshalom1@gmail.com

REGISTRATION FORM SCHOOL YEAR 2018-2019

Hebrew Language Instruction
Wednesdays 4:30-6:30. Classes start September 26

Jewish Studies
Sundays 10:30-12:30. Classes start September 16

Student's Full Name: _____

Student's Hebrew Name: _____

Date of Birth: _____ / _____ / _____ Gender: F [] M []

Language spoken at home: _____

School attending: _____ Current Grade Level: _____

Program enrolled in: English Instruction [] French Immersion []

Student's Full Name: _____

Student's Hebrew Name: _____

Date of Birth: _____ / _____ / _____ Gender: F [] M []

Language spoken at home: _____

School attending: _____ Current Grade Level: _____

Program enrolled in: English Instruction [] French Immersion []

	Parent 1 / Guardian 1	Parent 2 / Guardian 2
Name		
Address		
Cell phone		
Home Phone		
Email		

If parents live in separate households, student lives with:

both parents/guardians []; parent 1/guardian []; parent 2/guardian 2 []

If parents live in separate households, contact:

both parents/guardian []; parent 1/guardian 1 []; parent 2/guardian 2 []

Please list the parent/guardian name and phone number we should try contacting FIRST in the event of an emergency or school closing.

Parent/Guardian: _____ Phone #: _____

Emergency Contacts ---- If both parents/guardians are unreachable, please call:

Name _____ **Relationship** _____ **Phone #:** _____

Name _____ **Relationship** _____ **Phone #:** _____

Physician's Name _____ Physicians Phone _____

Medications child takes regularly _____

Allergies _____

Special Dietary Needs _____

CONFIDENTIAL PARENT RESPONSE SHEET 2018-2019

(Please use blank page at the end if you need more space)

What expectations do you have for your child(ren)'s School experience?

Your child(ren)'s interests/strengths:

Have there been any recent changes in your child(ren)'s life? (move, divorce, loss etc.)

Does your child have special needs? Yes No

If so, in what area? _____

Do they receive special services in public school? Yes No

If so, what? _____

What kind of classroom environment/structure might best meet the needs of your child(ren)'s learning style?

Please provide additional information regarding your child(ren)'s adjustment to school that you feel would be helpful to the school teachers.

Please list any family members who can read/write/understand/speak Hebrew.

What supports/information would help you in your role as IPSofJL parent this year?

PICTURE AUTHORIZATION FORM - SCHOOL YEAR 2018-2019

I, _____, hereby authorize the Irma Penn School of Jewish Learning to take photographs of my child _____ during school activities and to public display and otherwise use these photographs without charge solely for the purpose of promotional and communicational material and/or media, in connection with the Irma Penn School of Jewish Learning.

In order to protect the privacy of the School children and their families, I agree not to upload any School pictures on any personal website or social network page.

Parent/Guardian Signature

Date



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FEE SCHEDULE 2018-2019

WEDNESDAYS HEBREW INSTRUCTION	SUNDAYS JEWISH STUDIES
<p>4:30 - 6:30 p.m. Grade 1 - Grade 7 Members: \$360 Non-Members: \$400 Classes begin September 16</p>	<p>10:30-12:30 a.m. Kindergarten – Grade 7 Members: \$360 Non-Members: \$400 Classes begin September 26</p>

The Irma Penn School of Jewish Learning welcomes children with special needs. Please contact the office at 204-453-1625.

B'nai Mitzvah

Are you planning a Bar or Bat Mitzvah at Temple Shalom? Temple membership requirements are applicable. Please contact the office for more information.

Not a member? Consider joining Temple Shalom! First-time registering non-member families receive one year's free membership to Temple Shalom including High Holy Days tickets. After the first year, regular membership fees apply. The registration form can be found on our website at templeshalomwinnipeg.ca



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FINANCIAL FORM - SCHOOL YEAR 2018-2019

Family Name _____ Parents _____

Address _____

Postal Code _____

Phone #: H: _____ W: _____ C: _____

Email address: _____ Member [] Non-Member []

<u>Child's Name</u>	<u>Grade</u>	<u>Fee</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Fees: _____

Registering more than one child? There is a reduction of 10% per family for additional children registered.

Payment in full is due at the time of registration, either as a **lump sum** or in the form of a **cheque / pre-authorized credit card** to make registration complete, **OR** in monthly payments by **pre-authorized credit card (Mastercard or Visa) (please contact the office)**. **Monthly credit card payments will be charged an additional \$2.00 a month.** The first payment is due September 16, 2018. There will be no refunds after December 31, 2018.

Pre-Authorized Credit Card: _____ Mastercard _____ Visa

I hereby authorize Temple Shalom to withdraw \$ _____

Credit Card Number _____ Exp. Date _____

Name (printed) _____

Signature (signed) _____

