

HILLCREST PROGRESSIVE SCHOOL

59 Plymbridge Road
Toronto ON
M2P 1A2
Phone: (416) 489-8355
Fax: (416) 489-7445

Date Rec'd _____
Deposit _____
WD date _____

2012/2013

APPLICATION FOR ENROLLMENT

I hereby make application for the enrolment of the following child as a pupil in the Hillcrest Progressive School for the year 2012/2013. I agree to abide by the rules and regulations of the school and the resolutions and by-laws of its Board of Administration. Hillcrest Progressive School is operated by the Central Jewish Institute. It is understood that enrolment is for the full year (Sept. - June). No allowance can be made for absenteeism. I understand Hillcrest Progressive School is a non-profit organization operating mainly from monies received from parents. Student Accident Insurance Fee Included.

CHILD'S NAME _____ MALE _____ FEMALE _____

ADDRESS _____ HOME PHONE _____

CITY _____ POSTAL CODE _____

BIRTH DATE _____

MOTHER'S NAME _____ OCCUPATION _____ CELL # _____

BUSINESS ADDRESS _____

FATHER'S NAME _____ OCCUPATION _____ CELL # _____

BUSINESS ADDRESS _____

EMAIL ADDRESSES: (MOM) _____ (DAD) _____

SIBLING(S) NAME(S) _____ BIRTHDATE(S) _____

NAME OF SIBLING(S) WHO HAS ATTENDED HILLCREST **J.K.** IN PAST 5 YEARS
_____ SIBLING(S) YEAR OF BIRTH _____

****** FULL DAY NURSERY: \$11,500. ******
9:00am - 3:30pm

Deposit of \$800 to accompany application.
NON-REFUNDABLE and NON-TRANSFERABLE.

In order to process the application, deposit & post-dated cheques MUST be attached. Please make cheques payable to: HILLCREST PROGRESSIVE SCHOOL.

Full Day:

1st payment-February 1/12 \$3,565 2nd payment-June 1/12 \$3,565 3rd payment-Oct. 1/12 \$3,570

Yes No I consent to the distribution of my name & phone number/email address to other Hillcrest families for carpool & class list purposes only.

DATE: _____ PARENT SIGNATURE: _____