

83 Green Lane
Thornhill, Ontario
L3T 6K6
905 886-0420 ext 227



Welcome to Torah Tots,

Whether you are one of our Alumni or looking at a first preschool experience, be prepared to be amazed.

Torah Tots is a preschool beyond your imagination. It is a warm, loving, nurturing and modern preschool incorporating the best theories and practice into an inspiring Jewish experience.

At Torah Tots Preschool your child will:

- Be challenged academically and engaged emotionally.
- Receive individual attention because of our low teacher-child ratio.
- Be immersed in the beauty and joy of the Jewish traditions.
- Be energized through movement, sport and our outdoor natural playscape.
- Express creativity through music, art and drama.

There is a reason we have over 1500 graduates, and we have been around for 39 years.

GIVE YOUR CHILD THE BEST SHOT AT LIFE AT TORAH TOTS PRESCHOOL!

To book a personal tour or to meet with Goldie Plotkin, Director of Torah Tots Preschool, please call 905-886-0420 ext. 225.



TORAH TOTS PRE-SCHOOL • 83 GREEN LANE, THORNHILL, ON L3T 6K6

Tel: 905-886-0420 • Fax: 905-886-0421

www.chabadmarkham.org

REGISTRATION FORM FOR SCHOOL YEAR 2027-2028

Admission Date: _____ Date of Discharge: _____

Child's first name: _____ Child's last name: _____

Child's Hebrew name: _____ Date of Birth (DD/MM/YYYY): ____/____/____

Sex: ☐ M ☐ F Home address: _____

Postal Code: _____ Home Phone: _____

Child lives with: _____ Child's age in September: ____ yrs. ____ months

MOTHER

First Name: _____ Last Name: _____ Hebrew Name: _____

Address (if different from above): _____

Home Phone (if different from above): _____ Cell Phone: _____

Occupation: _____ Company name: _____

Business Address: _____

E-mail: _____ Business Ph. _____

(Optional) I give permission to Torah Tots to include my e-mail address on the class list given to

parents: _____

FATHER

First Name: _____ Last Name: _____ Hebrew Name: _____

Address (if different from above): _____

Home Phone (if different from above): _____ Cell Phone: _____

Occupation: _____ Company name: _____

Business address: _____

E-mail: _____ Business Ph. _____

(Optional) I give permission to Torah Tots to include my e-mail address on the class list given to

parents: _____

Child's Pediatrician: _____ Phone number: _____

Address: _____

OHIP Number: _____

Allergies or medical problems: _____

Any history of communicable disease _____

EMERGENCY CONTACT

Name: _____ Relation to child: _____

Home phone: _____ Cell phone: _____

Home Address _____

AUTHORIZED PERSONS TO PICK UP CHILD FROM SCHOOL OTHER THAN PARENTS (Please add any additional information to the back of this page):

Name: _____ Relation to child: _____

Home phone: _____ Cell phone: _____

If an emergency arises (G-d forbid) and none of the above telephone numbers can be reached,

I hereby give Torah Tots Pre-School permission to take whatever measures it feels proper for the

occasion. I hereby give Torah Tots Pre-School permission to take my children on trips.

Parent/Guardian Signature: _____ Date: _____

DEPOSIT & REGISTRATION FEE

To secure your spot, a \$500 deposit is required on registration which will be deducted from your annual fee and is non-refundable. If you are on Fee Assistance, security deposit is not required.

PAYMENT INFORMATION

TUITION PER MONTH: _____ (Note: Post-dated payments are required for the entire school year.)

Payable by September 1st, 2027:

TRIP FEE: \$50.00

T-SHIRT FEE: \$10.00 (☐ Check here if your child will need a Torah Tots t-shirt, mandatory for all school trips.)

\$500 Security Deposit amount (one month's payment, applied to your annual tuition):

Please include:

☐ Postdated cheques made to CLOM (Deposit must be current date. Remaining cheques are due 1st of every month, beginning September 1, 2027. Trip fee & t-shirt fee should be post-dated for Sept. 1st, 2027.)

☐ Visa/ MasterCard _____ exp. _____

Name on Card _____

Let's get to know you!

How did you become interested in Torah Tots? _____

Child's previous/current schools/playgroups: _____

Languages spoken at home: _____ Languages spoken by child: _____

SIBLINGS

1. Name: _____ Age: _____ School: _____

2. Name: _____ Age: _____ School: _____

We encourage all parents to find ways of participating in their child's Jewish education and offer the following opportunities for your consideration:

Would you be interested in: (please indicate which parent)

- ☐ Becoming a class parent? _____
- ☐ Assisting the class parent? _____
- ☐ Helping with special celebrations? _____
- ☐ Sharing an experience or professional knowledge with a class (e.g. work-related experiences, etc.)? _____
- ☐ Helping in another way? _____

Would you be interested in taking an adult study course in:

- ☐ Basic Judaism
- ☐ Torah/text study
- ☐ Hebrew
- ☐ Kaballah/Mysticism

Other: _____

Please indicate your child's age group			
☐ Toddler (18 mos – 2 ½ yrs)	☐ Pre-Nursery (2 ½ yrs – 3 ½ yrs)	☐ Nursery/JK (3 ½ yrs and up)	
Please indicate your program of interest			
☐ Full Daycare	\$1310/month	Mon – Thurs 8:15 am – 5:15 pm Friday 8:15 am – 3:00 pm *Winter months – until 2:00 pm	CWELCC: \$831.50/month Parents Due: \$478.50/month
☐ Enrichment	\$1310/month	Mon – Thurs 9:00 am – 3:30 pm Friday 9:00 am – 12:00 pm	CWELCC: \$831.50/month Parents Due: \$478.50/month
☐ Half Day with lunch	\$850/month	Mon – Thurs 9:00 am – 1:00 pm Friday 9:00 am – 12:00 pm	CWELCC: \$448.27/month Parents Due: \$401.73/month
☐ Half Day	\$685/month	Monday – Friday 9:00 am – 12:00 pm	CWELCC: \$361.27/month Parents Due: \$323.73/month

*According to York Region, all children must participate in naptime during the **afternoon program**. If you feel that your child **should not be required to participate in nap time, please sign here:**_____

Subsidies

We are registered with York Region for fee assistance. To apply, please call 1-888-703-5437.

- ☐ All Forms
 - ☐ \$500 non –refundable security deposit (deducted from your annual fee)
 - ☐ **10 post-dated cheques from September – June of the school year or a credit card number to be kept on file.**

Cancellation Policy

In the event that you need to take your child out in the middle of a school year, we will return all payments scheduled for the month after notice. Please note that the deposit of \$500 **will not be returned**.

Child Care Receipts

You will receive a Child Care Receipt at the end of each tax year in which you made payments.