



**Temple Israel Religious School (TIRS)**  
 1301 Prince Of Wales Drive, Ottawa, On K2C 1N2  
 613-224-3133; fax 613-224-0707  
[tirs@templeisraelottawa.ca](mailto:tirs@templeisraelottawa.ca)  
[www.templeisraelottawa.ca/religious-school](http://www.templeisraelottawa.ca/religious-school)  
[www.facebook.com/TIRSottawa](http://www.facebook.com/TIRSottawa)

**TIRS REGISTRATION FORM 2017-2018 (5778)**

**STUDENT'S FAMILY NAME:** \_\_\_\_\_  New to TIRS  Returning

**\*\*\* Please note: Returning students do NOT need to complete this form. Simply send an email with any updated information and confirmation of re-enrollment to [tirs@templeisraelottawa.ca](mailto:tirs@templeisraelottawa.ca) and remit the payment information from page 3 to the Temple Israel office.**

**STUDENT INFORMATION:**

**Student #1** Student's name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Full Hebrew name \_\_\_\_\_ ben/bat \_\_\_\_\_ v' \_\_\_\_\_  
 Child's name son/daughter of and  
 Grade in Public School \_\_\_\_\_ Health Card number \_\_\_\_\_

**Student #2** Student's name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Full Hebrew name \_\_\_\_\_ ben/bat \_\_\_\_\_ v' \_\_\_\_\_  
 Child's name son/daughter of and  
 Grade in Public School \_\_\_\_\_ Health Card number \_\_\_\_\_

**Student #3** Student's name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Full Hebrew name \_\_\_\_\_ ben/bat \_\_\_\_\_ v' \_\_\_\_\_  
 Child's name son/daughter of and  
 Grade in Public School \_\_\_\_\_ Health Card number \_\_\_\_\_

**ALLERGIES:**  No known allergies for any of the above students.  
 \_\_\_\_\_ (Student's name) is allergic to:  Food  Medicine  Insect Stings  
 Please list: \_\_\_\_\_ Does the student carry an Epi Pen?  Yes  No

**MEDICAL CONDITIONS/LEARNING DISABILITIES:** \_\_\_\_\_  
 \*Students with allergies/medical conditions/learning disabilities listed on this form will be identified in the TIRS office by photo, name and grade, to ensure their safety. **Please provide a current picture.**

**PARENT CONTACT INFORMATION**

**Parent #1:** Name \_\_\_\_\_ Email \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Work phone \_\_\_\_\_  Jewish  Non-Jewish

**Parent #2:** Name \_\_\_\_\_ Email \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Work phone \_\_\_\_\_  Jewish  Non-Jewish

**STUDENT/S LIVE/S WITH:**  PARENT #1  PARENT #2  BOTH  
**COMMUNICATION SHOULD BE WITH:**  PARENT #1  PARENT #2  BOTH



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**STUDENT'S FAMILY NAME:** \_\_\_\_\_

**EMERGENCY CONTACT:** Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
 Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

**FOR PARENTS OF CHILDREN IN JK - GRADE 6 ONLY:** Please provide names of adults other than parents/guardians authorized to pick up your child from TIRS: 1. \_\_\_\_\_ 2. \_\_\_\_\_

**PERMISSION:**

1. I agree that pictures or videos of my child/children may be used to promote or advertise TIRS in print, on the website or through social media. (Their names will not be used.)  Yes  No
2. I agree to share my email address with the other parents in my child's class.  Yes  No
3. I agree to be included in a carpool directory.  Yes  No

**HIGH SCHOOL COURSES OFFERED 2017/2018 for Grade 7 to adult:**

Please indicate which course your child/children will be taking. **Prior enrollment in TIRS is not required.**

- Grade 7** "B'nai Mitzvah Program" includes Jewish Identity, Life Cycle, Torah and more in an engaging, innovative and fun environment on Mondays 6:30 - 8:30 pm with Rabbi Morais and Lisa Rossman
- Grade 8** "Jewish Cultural Cooking," " Exploring Jewish Ottawa" through field trips, volunteer experiences and guest speakers and ."Jewish History post-Exodus to Modern-Day Israel" including a Shoah project on Mondays 6:30 - 8:30 pm with Corinne Baray and Ranit Demorest Braun
- Grade 9** "Who We Are, Where We Came From and Where We're Going," "Comparative Religion," a text study on As A Driven Leaf by Milton Steinberg and more on Mondays 6:30 – 8:30 pm with Michael Parkin
- Grade 10+ Adults welcome** "Conversational Hebrew" Beginner to Intermediate levels. Mondays 6:30 – 8:30 pm with Sigal Baray.
- Grades 10-12** "Post-Confirmation Highlights in Judaism." Discussion topics will be determined by the participants. Once/month Wednesdays from 6:00 – 7:00 pm with Rabbi Morais.

Parent Volunteer Opportunities:

- |  |  |
|--|--|
| <input type="checkbox"/> Being a Class Parent / Ambassador | <input type="checkbox"/> Storytelling                          |
| <input type="checkbox"/> Carpooling                        | <input type="checkbox"/> Special arts such as calligraphy      |
| <input type="checkbox"/> Driving students to field trips   | <input type="checkbox"/> Cooking or baking                     |
| <input type="checkbox"/> Fundraising                       | <input type="checkbox"/> Playing a musical instrument          |
| <input type="checkbox"/> Helping with holiday prep         | <input type="checkbox"/> Teaching songs (in Hebrew or Yiddish) |
| <input type="checkbox"/> Computer/technology               | <input type="checkbox"/> Other: _____                          |
| <input type="checkbox"/> Israeli dancing                   |  |

Are you involved in any organizations that would have volunteer opportunities for our children?  Yes  No

Please indicate which parent for the above and the best time to contact you: \_\_\_\_\_

**Signature of parent or guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please fill this registration form out completely and return with your school fees no later than July 31, 2017.**  
 TIRS requires a registration form to admit a student to class. If you are enrolling for the first time, please provide a recent photo of your child either with this form or via email attachment to [tirs@templeisraelottawa.ca](mailto:tirs@templeisraelottawa.ca). Photos will be kept confidential and will be used for internal staff purposes only.



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**STUDENT'S FAMILY NAME:** \_\_\_\_\_

**TUITION AND FEES**

PLEASE COMPLETE THE REGISTRATION FORM AND MAKE PAYMENT ARRANGEMENTS BY JULY 31, 2017.

- NEW! Payments may be made in monthly installments. Please make the first installment by September 1, 2017 and the last by May 31, 2018.
- Tax receipts are issued for the amount paid in a calendar year.
- **Charges apply to the first two children only. The third and any additional children in the same family attend free.**
- TIRS welcomes all Jewish children and their families to our school. For non-members of Temple Israel, an administrative fee of \$500 per family will be charged in addition to tuition.

GRADE	DAY/S OF SCHOOL	TUITION	# OF CHILDREN	AMOUNT
JK, SK and Grade 1	Sunday	\$1000/child OR \$100/month/child		
Grades 2 to 6	Sunday & Wednesday	\$1450/child OR \$145/month/child		
Grades 7 to 12	Monday	\$1200/child OR \$120/month/child		
Post-Confirmation Highlights	Wednesday	\$118/child OR \$18/month/child		
Non-member Administrative Fee	-----	\$500/family OR \$50/month/family		
2.75% Credit Card Fee	-----	-----	-----	
			<b>GRAND TOTAL</b>	

**DISCOUNT OPPORTUNITIES:**

- A \$50 early bird discount will be offered for anyone making tuition arrangements by July 7, 2017.
- A \$100 discount will be applied if you refer a new student from a new family to TIRS. The discount will be made to your child's tuition once the other child registers.

**GENERAL INFORMATION:**

- Grade 1 students who also attend on Wednesdays do so at no additional cost. Grade 2 students unable to attend on Wednesdays should pay the fee for Sunday only listed for JK-Grade 1.
- Information regarding the cost of a Confirmation and graduation trip will be given in the fall and assessed separately.
- Bar/Bat Mitzvah fees and room rental charges are in the "Facility" booklet given to B'nai Mitzvah parents.

**PAYMENT INFORMATION:**

- Payment can be made by cash, cheque (made out to Temple Israel), VISA or Master Card. A 2.75% administrative fee will be added for payments made by credit card.
- **Financial assistance is available in strict confidence to Heather Cohen, Executive Director, at 613-224-1802 or [execdir@templeisraelottawa.com](mailto:execdir@templeisraelottawa.com).**

VISA     MC    Card number: \_\_\_\_\_    Expiry date: \_\_\_\_\_

Cardholder's name: \_\_\_\_\_    Signature \_\_\_\_\_

Directions for the office regarding payments (i.e. monthly payments)

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