

**A VIBRANT
JEWISH
EDUCATIONAL
AND SOCIAL
ENVIRONMENT
FOR YOUTH**



The World Stands On Three Things:

Torah Avodah Gemilut Hasadim

- Pirke Avot 1:2 -

REGISTRATION FORM

2010-2011 /5771

**MONDAY NIGHTS
6:15 - 8:30 PM**

Please Print Clearly [] Full Year

[] Fall Semester 2010 Only [] Winter Semester 2011 Only

Student's Name _____

Hebrew Name _____ Grade: _____

Date of birth _____

Address _____

City _____ Postal Code _____

Phone # (____) _____ Cell # (____) _____

E-mail _____

Student's Facebook, Twitter, etc. _____

School: _____

Parent 1's Name _____ Cell # (____) _____

E-mail _____

Address (if different from student) _____

Parent 2's Name _____ Cell # (____) _____

E-mail _____

Address (if different from student) _____

All TAG information will be addressed to Parent 1 at the student's address unless otherwise specified.

Additional Family Information

Congregation Affiliation /Membership (if any) _____

Other Jewish Affiliation(s) (if any) _____

Other Siblings in the Family (for possible family programming)

of Siblings _____ Ages _____

**Contact TAG
with your
questions:**

**Phone:
(778) 886-TAG1
Email:
tagbc@telus.net**

Please continue on Page 2



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REGISTRATION FORM PAGE 2

Additional Student Information (to be completed by the Student)

Are you a returning TAG student? [] Yes [] No How many years? _____

Have you attended Jewish day school? [] Yes [] No

If yes, which school? _____ How many years? _____

Have you attended Jewish supplemental or Hebrew school? [] Yes [] No

If yes, which school? _____ How many years? _____

Are you a member or involved with any Jewish youth group?

If yes, which? _____ How many years? _____

Other Jewish Affiliation(s) (if any) _____

What were your favourite elements of these Jewish educational experiences?

Please list a few of your personal interests.

Other information you believe we should have to enhance your time at TAG

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Please continue on page 3



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REGISTRATION FORM PAGE 3

Additional Student and Family Information (to be completed by the Parent)

Is your child receiving any specific educational services in school? Yes No

If so, please describe: _____

What are your child's special strengths, interests and talents?

Does your child experience any reading or language difficulties, attention problems, physical disabilities or medical concerns that may affect his/her participation in TAG?

Is there anything about the student's family situation that you think we should know?

Is there anything particular you would like to see at TAG for your child?

Please take a moment to tell us about your family's Jewish practice.

(Every family practices in their own way, please help us understand the range of students in our program)

Do you hold Shabbat dinner at home?

Usually Sometimes Rarely Never

Do you celebrate the Jewish holidays? All Most Some No

Did the student celebrate becoming a Bar or Bat Mitzvah? Yes No

Please describe the level of Jewish practice and education in your home?

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Please continue on the Medical Form



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MEDICAL AND EMERGENCY CONTACT FORM

Please Print Clearly

Student's Name _____ Age _____ Gender: M / F

Parent 1's Name _____

Parent 2's Name _____

Parent's Phone Numbers:

Home _____ Work _____ Cell _____

Email _____

Home _____ Work _____ Cell _____

Email _____

In case of emergency, if a parent cannot be reached, please notify:

Name _____ Relationship _____ Phone # _____

Student's Doctor: Name _____ Phone # _____

Care Card Number _____

***THIS INFORMATION IS CONFIDENTIAL AND WILL BE SHARED ONLY WITH THE
STUDENT'S TEACHERS, UNLESS YOU INFORM US OTHERWISE.***

List any food or medical allergies your child has:

Any medical concerns we should be aware of?

Parent Signature _____ Date _____

**Contact TAG
with your
questions:**

**Phone:
(778) 886-TAG1
Email:
tagbc@telus.net**

**The information on this form will be kept confidential.
This form will be considered valid for 12 months.
It is the responsibility of parents to advise the office of any changes.**

TAG FINANCIAL INFORMATION

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**MONDAY NIGHTS
6:15 - 8:30 PM**

**Pizza & pop will
be available from
6:00 - 6:15 pm.**

* Buy your pizza
tickets in advance
to save money and
make everyone's
life a little easier.

\$22/ 10 slices

\$2.5/ slice (day of)

Pop: \$0.50/ cup
Free with pizza
purchase

If you have any questions about registration or fees, please call Noam at 778-886-8241.

Student Name: _____

Registration Fees: [] Full Year (26 weeks) - \$325 + \$50 special programs fee
[] Single Semester (14 weeks) - \$200 + \$25 special programs fee

Special Programs, Snack & Transportation Fee:

Covers weekly snacks and bus, plus occasional field trips, guest speakers, dinners, parties and more

Optional: Pizza Tickets* - 10 Pizza Slices - \$22

Discounts: (Note, only 1 discount allowed per student)

First Time or Recent Bar/Bat Mitzvah – Available to new TAG students only.

2nd Semester Reenrollment - Available to current TAG students only.

Fees		Full Year	Single Semester	Due
Registration		\$325	\$200	
Special Programs Fee	\$25/semester	\$50	\$25	
Pizza tickets* (optional)	\$22 / 10 slices			
Discounts (**only 1 per student**)				
First Time or recent Bar / Bat Mitzvah		- \$50	- \$25	
2 nd Semester reenrollment			-\$35	
Total Due				

Please include cheque (preferred) or complete the credit card information below.

Referred to TAG by: _____

(Let us know how you found out about TAG and enter that family in our referral draw)

**Please return this form with
payment to TAG to:**

**TAG C/O Temple Sholom
7190 Oak Street, Vancouver BC, V6P 3Z9**

Phone: (778) 886-TAG1 (8241)

Fax: (604) 266-7126

Email: tagbc@telus.net

Credit Card:

Visa or Mastercard only

#: _____

Expiry Date: _____

Name on Card: _____

Signature: _____