



KOLLEL OHR MENACHEM

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Kollel Information & Schedule for the 5770/2010 Season

Dates:

The Kollel runs for six weeks, beginning **Monday the 23rd of Tammuz 5770 / July 5, 2010** and ending **Friday the 3rd of Elul 5770/August 13, 2010**.

Rates:

The cost per session (two Weeks) is: **\$350.00**. The **\$350.00** must accompany the registration contract. At the end of every week every student will receive **\$50.00** (Providing he follows the rules specified in the attached registration contract).

Trips:

This year we have doubled the trips therefore, there will G-d willing be two fun and exciting trips every week.

Conditions of Enrollment

1. Registration will be accepted on first-come, first-serve basis
2. We assume no responsibility for registration placed verbally unless this application is accompanied by the deposit of \$350.00 per child per session. Calling our office is not a reservation. Applications must include a signed registration form. ***Please understand that the sooner you register your son the easier it will be for us to meet his needs.***
3. The student (and his parents), must agree to abide by all the rules and regulations of the Kollel. Parents are asked to encourage their children and explain to them the need for proper behavior.
4. We will not be responsible for any injury during a sport activity or trip (or health impairment). However, we will take all necessary requirements to get the child to a hospital as soon as possible
5. We will make every effort to protect the personal belongings of every student; however, we will not be responsible for damage to, or loss of his clothing or personal belongings.
6. The Kollel ends every day at 3:30 pm, pickup time for all students is in front of Beth Chabad CSL (Cavendish Mall).



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Student's Registration Contract Summer 5770/2010 23 Tammuz - 3Elul / July 5 - August 13

STUDENT'S FULL NAME _____
 DATE OF BIRTH ____/____/____ AGE: ____ HEBREW BIRTHDAY: _____
 ADDRESS: _____
 CITY : _____ PROVINCE: _____ POSTAL CODE: _____
 FATHER'S NAME: _____ MOTHER'S NAME: _____
 PHONE# _____ PHONE # _____
 CELL# _____ CELL# _____
 EMAIL: _____ EMAIL: _____
 WORK# _____ WORK# _____
 EMERGENCY# _____ EMERGENCY # _____
 PEDIATRICIAN: _____ PHONE # _____
 SCHOOL (THIS PAST YEAR) _____ FINISHING GRADE _____
 SCHOOL NEXT YEAR _____ ENTERING GRADE _____
 PLEASE SPECIFY STUDENT'S FAVOURITE SPORTS _____
 I herby enroll my son for: Full Season First two weeks second two weeks third two weeks

	YES	NO
DOES YOUR SON HAVE ANY ALLERGIES ?	<input type="checkbox"/>	<input type="checkbox"/>
(IF YES PLEASE SPECIFY) _____		
DOES YOUR SON HAVE ANY MEDICAL CONDITIONS?	<input type="checkbox"/>	<input type="checkbox"/>
(IF YES PLEASE SPECIFY) _____		
IS HE TAKING MEDICATION?	<input type="checkbox"/>	<input type="checkbox"/>
(IF YES PLEASE SPECIFY) _____		



I _____ accept all conditions to be an eligible Kollel student- which includes:

- Commitment to attend every day
- Respect the program to it's fullest by; Arriving on time
- Behaving with respect towards my counselors
- Obeying instructions given by the Kollel counselors and Head Counselor
- Behaving with respect towards my fellow Kollel mates
- Paying attention (not to disrupt the program)
- Be totally involved in my studies
- My cell phone must be turned off during learning sessions.

Any student that disturbs, misbehaves, talks disrespectfully or interrupts the program in any way, will automatically lose his daily stipend.(Without prior warning!)

My parent and I read the above rules & we both understand and agree to abide them.

I will attend the entire program from 9:00 am to 3:30 pm

FATHER'S SIGNATURE _____ MOTHER'S SIGNATURE _____
 STUDENTS SIGNATURE _____ DATE _____