



# Hamilton Hebrew Academy *Zichron Meir*

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RABBI DANIEL GREEN  
*Dean*

MRS. RIVKA SHAFFIR  
*Principal*

MR. AARON SHIFFMAN  
*Executive Director*

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2 Iyar 5768  
May 7, 2009

Dear Parents,

We look forward to welcoming your children to the Hamilton Hebrew Academy for the upcoming school year. In order to enable us to make the necessary arrangements for next year, please submit the enclosed Tuition Form by May 30, 2009. All payments and payment plans must also be arranged by May 30, 2009.

Upon the submission of all necessary admission forms and tuition payments, each child will receive a Certificate of Admission to be presented on the first day of school. No child will be admitted to class on the first day of school without a Certificate of Admission.

## **Methods of Payments**

For your convenience, tuitions may be paid monthly by credit card or ten signed and postdated cheques. All postdated cheques, or credit card numbers, must be provided to the school prior to May 30, 2009. Please note the following:

- A reduction of 2% will be applied to all tuitions paid in full by cheques prior to May 30, 2009.
- A service fee of 2% will be added to all credit card payments. No service fees will be charged for tuitions paid in full by credit card prior to May 30, 2009.

## **Scholarships**

*Philosophy* - A basic principle of the HHA philosophy has been, and always will be, the fundamental right of every Jewish child to a Jewish education. We will not turn away any child for lack of funds.

*Confidentiality* - As in years past, all private financial matters will be treated with full confidentiality. The role of the Finance Committee is to set fiscal policy, review financial records, and spearhead fundraising activities. Members of the Finance Committee do not have access to any personal financial information. Private matters will be treated with the highest degree of sensitivity.

*Process* - For those requiring scholarships, please complete the enclosed *Financial Information Form* using the *Scholarship Grid* as a guide. Please complete the form fully. If a further scholarship is necessary please describe the special circumstances in the space provided. If a meeting is needed, please submit the form and we will schedule a convenient time to meet together with the Chairman of the Finance Committee.

Thank you in advance, for your partnership in our great mission of inspiring the next generation of Jewish leaders.

Sincerely,

A handwritten signature in black ink, reading "Aaron J. Shiffman". The signature is written in a cursive, flowing style.

Mr. Aaron Shiffman  
*Executive Director*



# HHA PRESCHOOL TUITION FORM

10 MONTHS: SEPTEMBER 2009 TO JUNE 2010

## **PRESCHOOL FEE SCHEDULE**

AGES 12 MONTHS TO 6 YEARS

Playschool, Nursery, Junior Kindergarten, Senior Kindergarten

8:50 - 12:00 PM : \$295 / Month

8:50 - 2:00 PM : \$395 / Month

8:50 - 4:00 PM : \$525 / Month

## **EXTENDED CARE FEE SCHEDULE**

8:00 - 8:50 AM: \$5 per day. Flat Rate: \$75 / Month

4:00 - 5:30 PM: \$3 per ½ hour. Flat Rate: \$50 / Month per ½ hour

Playschool fees can be pro-rated at the rate of \$195/month for two-hour segments.

Fall & Winter early Friday dismissal at 2:10 pm. Aftercare provided until 4:00 pm.

Registration fee for Preschool & Playschool: \$50

• STUDENT \_\_\_\_\_ DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_  
SURNAME FIRST NAME D M Y  
PROGRAM ENTERING: \_\_\_\_\_ TUITION RATE: \_\_\_\_\_

• STUDENT \_\_\_\_\_ DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_  
SURNAME FIRST NAME D M Y

**TOTAL TUITION FEES (PRESCHOOL) :** \_\_\_\_\_

I agree to pay the above mentioned tuition fee as follows:

- 10 postdated cheques provided to the school prior to May 30, 2009
- 10 Monthly Credit Card deductions provided to the school prior to May 30, 2009
- A one time fee to be paid prior to May 30, 2009

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_



# HHA TUITION FORM GR. 1-8

## TUITION FEES GRADES 1-8 \*

TUITION	\$8,200
REGISTRATION FEE (PER CHILD)	\$75
BOOK FEE	\$100
PTA DUES	\$50
<b>TOTAL</b>	<b>\$8,400</b>

*\* For Scholarship Rates please refer to Income Grid*

## NAMES OF CHILDREN

- STUDENT \_\_\_\_\_ DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_  
SURNAME FIRST NAME D M Y  
 GRADE ENTERING: \_\_\_\_\_ TUITION RATE: \_\_\_\_\_
- STUDENT \_\_\_\_\_ DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_  
SURNAME FIRST NAME D M Y  
 GRADE ENTERING: \_\_\_\_\_ TUITION RATE: \_\_\_\_\_
- STUDENT \_\_\_\_\_ DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_  
SURNAME FIRST NAME D M Y

TOTAL TUITION FEES (GRADES 1-8) : \_\_\_\_\_

I agree to pay the above mentioned tuition fee as follows:

- 10 postdated cheques provided to the school prior to May 30, 2009
- 10 Monthly Credit Card deductions provided to the school prior to May 30, 2009
- A one time fee to be paid prior to May 30, 2009

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_