



Rosh Chodesh Iyar 5775 (May 1, 2015)

Dear Parent,

We are pleased to inform you that the Yeshiva B'Kayitz program will once again take place on our Yeshiva grounds in Toronto. In order to facilitate a proper and successful summer program we require that the attached application form including financial details be completed.

As a reminder, the summer program is mandatory for all *Talmidei Hayeshiva* regardless of which *Yeshiva* your son will attend the coming year.

The *Yeshiva B'Kayitz* program maintains the regular year round Yeshiva structure, environment and high standard of learning, while offering extracurricular activities (swimming, sports, excursions, Shabbatons etc.). The atmosphere is enhanced with our *Talmidim HaShluchim* and additional "yoshvim" that join us for the summer.

This year's summer program will begin Thursday 9 Tammuz June 25 **8:30 am** and conclude on Thursday, 14 Av ( July 30 ) 10:00am following *Shacharis*.

Completed applications may be;

1. Submitted online on the Mesivta website [www.mesivtalubavitch.org](http://www.mesivtalubavitch.org)
2. Mailed to 35 Roberta Drive, Toronto Ontario M6A 2J6
3. Delivered to Rabbi Oster's office in Yeshiva

Wishing you a most pleasant summer and much nachas,

Rabbi Zalman Oster - Menahel

TRAINING LUMINARIES TO LIGHT UP THE WORLD

35 Roberta Drive | Toronto ON M6A 2J6 | Tel: 416.787.6631 #15 | Fax: 416.628.2755

## Yeshivas Kayitz Application, Summer 5775 – 2015

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Summer Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Father Cell: \_\_\_\_\_ Mother Cell: \_\_\_\_\_

Father email: \_\_\_\_\_ Mother email: \_\_\_\_\_

Name of Yeshiva presently Attending \_\_\_\_\_ Grade: \_\_\_\_\_

Rebbe's name: \_\_\_\_\_

### **Emergency information and contact**

Do you have any medical disorders or allergies that we should be aware of? NO: \_\_\_\_\_ Yes: \_\_\_\_\_ If yes please specify \_\_\_\_\_  
\_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Relation to student: \_\_\_\_\_

Telephone: \_\_\_\_\_

O.H.I.P. / Medicaid number (Including verification code) \_\_\_\_\_

Private Insurance Coverage: Name of Insurer: \_\_\_\_\_ Policy number: \_\_\_\_\_

I/We affirm that all of the above information is accurate. By signing below I/We agree to abide by all the rules of Mesivta Lubavitch Toronto. I/We authorize the school to take our child on official school trips and special activities. In case of emergency I/We authorize Mesivta Lubavitch Toronto to act on our behalf.

Signature of Applicant (Student) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

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**Cost:** The cost for the summer program is \$1,550.00.

**Early bird:** A \$150.00 discount will be applied to all applications accompanied with full payment by 17 Sivan, (June 4, 2015).

**Payment options:** If paying by check, please insure that checks are dated no later than July 22, 2015. A \$50.00 fee will apply for dishonored checks. For Visa & MasterCard payments (American Express cards cannot be accepted) will incur a 3% surcharge to reflect our charges from the credit card companies.

Please indicate your method of payment

- Check.
- VISA
- MASTERCARD:

Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Signature of card holder: \_\_\_\_\_