



Ohr Torah Cincinnati

Student Re-Enrollment Form 2020-2021 School Year

4131 Matson Ave.
Cincinnati,
OH 45236
513.351.1482

Dr. Chaviva
Randolph, Psy. D
Head of School

We are excited to continue partnering with you on your child's incredible educational journey! OTC is thrilled to announce that we will be providing programs for Toddlers, Pre-Primary, Lower Elementary, Upper Elementary and Middle School students for the 2020-2021 school year.

By signing this form, your family is securing re-enrollment and committing to enroll the below-listed child(ren) at OTC.

As part of signing the Student Re-Enrollment Form, a non-refundable deposit of \$500 is required per student by January 31, 2020 (made out to Ohr Torah Cincinnati). **Deposits received before December 27th, 2019 are \$350. This reflects a \$150 discount.** The deposit will be credited to the student's tuition.

A Final Enrollment/Tuition Agreement will be forthcoming, along with additional materials pertaining to OTC's exceptional educational program for the 2020-2021 school year.

Student Information

Last Name	First Name	Preferred Name	Date of Birth	Grade Entering

Extended Care Options

Beforecare

Please indicate if you would be interested in talking to an OTC staff member about the Beforecare Extended Care option offered from 7:45 am - 8:15 am: Yes No

Aftercare

OTC offers three aftercare options for the Toddler and Pre-Primary programs:

- **Option 1: 12:45 pm - 2:30 pm** (for Toddler Program and 3 Year Olds)
- **Option 2: 12:45 - 3:55 pm** (for Toddler Program and 3 Year Olds)
- **Option 3: 2:30 - 3:55 pm** (for 4 Year Olds and Kindergarten)



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Please list the names of students you would like to enroll in OTC's Aftercare and the Aftercare option number (see bottom of previous page for option number):

Student Name	Aftercare Option

Parent Information

Mother's Information

Mother's Last Name: _____ Dr. Mrs. Ms.

Mother's First Name: _____ Name goes by: _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Occupation: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Preferred method of contact: _____

Father's Information

Father's Last Name: _____ Dr. Mr. Rabbi

Father's First Name: _____ Name goes by: _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Occupation: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Preferred method of contact: _____

Please note that OTC often uses email for school-wide communication. Please provide us with the email address that you check most frequently.

Preferred number when contacting parents: Home Mother's Cell Father's Cell



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Parent Signature

Signature of Parent or Guardian

Date

To secure your child(ren)'s enrollment for the upcoming school year, please return the completed application form to Ohr Torah Cincinnati by **January 31, 2020** or email the forms to:

Erin Hill
Business Manager
ehill@ohrtorahcincinnati.org
513.599.4002

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