



Congregation Sha'aray Shalom

5777/2017-18 Religious School Registration

Welcome to our online Religious School registration. We are very excited about the upcoming school year and look forward to partnering with you in assuring a high quality and enjoyable Jewish education for your child. If you have any questions or concerns, please feel free to contact Cantor Weiss or Annette L'Heureux at the school office (781)-749-8103. Thank you in advance for your timely response and cooperation. We look forward to seeing you in the fall!

L'shalom,

Rabbi Shira Joseph

Cantor Steven Weiss

\$175 REGISTRATION FEE PER FAMILY - Due April 30, 2017

\$25 late fee will be applied after May 15th

Registration Fee \$175.00

Please make check payable to: Congregation Sha'aray Shalom or CSS

The Religious School tuition rates and fees listed below are the PROPOSED 2017-2018 tuition. The 2017-2018 Religious School Tuition and fees will not be set until after the synagogue budget is approved at the Congregation Sha'aray Shalom Annual Meeting which will be held on June 8, 2017.

Description	Amount
School Tuition - 1 Child (Parent Tot through Confirmation)	\$645.00
School Tuition - 2 Children (Parent Tot through Confirmation)	\$1,215.00
School Tuition - 3 Children (Parent Tot through Confirmation)	\$1,795.00
School Tuition - 4 Children (Parent Tot through Confirmation)	\$2,375.00
Dinner Fee(s) per child Grades 7-10 \$100.00	

There will be only one mid-week session per grade; all students of a particular grade level will meet on the same day. The class schedules will be as follows:

Sundays, 9am to 10:45am	Preschool, Kindergarten, 1st, 2nd & 3rd Grades
Sundays, 11am to 12:45pm	4th, 5th & 6th Grades
Mondays, 6pm to 7:30pm	7th, 8th, 9th & 10th Grades (includes dinner)
Thursdays, 4pm to 6pm	3rd, 4th, 5th, 6th Grades

Registration Fee: \$175 per family

Late Fee after May 15th: \$25

L'Takein Deposit: \$250

Total Amount Enclosed: \$_____



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L' Takein Seminar Deposit for child Grades 9-10 - Trip to Washington, D.C.

Date: TBD

The highlight of the 9th and 10th grade program will be their participation in the **L'Takein Seminar, sponsored by the Religious Action Center**, the political advocacy arm of the Union of Reform Judaism. The Bernard and Audrey Rapoport L'Takein Social Justice Seminar is an intensive four-day study kallah in Washington, DC, focusing on Jewish values and social justice. Every year more than 100 congregations from across the country bring their high school students to participate in this exciting event. This unique Washington opportunity enables students to hear from experts both inside and outside the Jewish community. Every L'Takein Seminar covers several different issue areas in a variety of interactive formats. Each seminar includes an opportunity for students to tour the U.S. Holocaust Memorial Museum and participate in Havdalah services at one of the memorials. Students also sample the vibrancy of Georgetown and other exciting areas of Washington, DC.

Because we feel that the students participation in L'Takein Seminar is such an important and integral component of the 9 & 10 grade curriculum, The \$250 deposit for the L'Takein Seminar must be paid in order for you to register your 9th or 10th grade student. This deposit represents approximately a third of the cost of the trip, (depending on cost of airfare). Scholarships are available to help defray the cost if needed. Please contact Rabbi Joseph or Cantor Weiss for more information.

CONFIDENTIAL STATEMENT: The information requested becomes part of your child(ren)'s confidential file and will be made available only to those in the school directly related to your child(ren)'s education. Your email as well as your child's email address is important for our new online curriculum.

Student and Medical Information: In order to help both the teachers and the educator work with our students, we need to know the names and grade of all students who take on-going medication. Please tell us the dosage and how it will impact, if at all, on the school.

In the case of an emergency, doctors/medical experts need all available information including medications taken regularly. This, as well as school records, is a confidential document, to be seen by the teacher and educator only.

Student Information:

Student #1 Name:

Hebrew Name:

Date of Birth:

Gender:

CSS Grade in Sept. 2017: _____ Child's Cell Phone:

Child's Email:

Special Learning Needs:

(i.e. gifted, learning challenges, behavioral disorders, speech, hearing, or sight challenges)

Does your child have an Individual Education Plan?
(If yes, please share a copy of the plan with us)



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Medical Needs:

i.e. daily medications, speech, hearing or vision difficulties, allergies (please list all) chronic or other health concerns and medications

Name: Student #2 Name:

Hebrew Name:

Date of Birth:

Gender:

CSS Grade in Sept. 2017:

Child's Cell Phone:

Child's Email:

Special Learning Needs:

(i.e. gifted, learning challenges, behavioral disorders, speech, hearing, or sight challenges)

Does your child have an Individual Education Plan?

(If yes, please share a copy of the plan with us)

Medical Needs:

i.e. daily medications, speech, hearing or vision difficulties, allergies (please list all) chronic or other health concerns and medications

Name: Student #3 Name:

Hebrew Name:

Date of Birth:

Gender:

CSS Grade in Sept. 2017:

Child's Cell Phone:

Child's Email:

Special Learning Needs:

(i.e. gifted, learning challenges, behavioral disorders, speech, hearing, or sight challenges)

Does your child have an Individual Education Plan?

(If yes, please share a copy of the plan with us)

Medical Needs:

i.e. daily medications, speech, hearing or vision difficulties, allergies (please list all) chronic or other health concerns and medications



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Emergency Medical Information:

Physician:

Physician Phone Number:

Emergency Contact:

Relationship:

Cell Phone:

Family Information:

Parent/Guardian #1 Name:

Cell Phone:

Work Phone:

Home Phone:

Email:

Home Address:

City:

State:

Zip Code:

Parent/Guardian #2 Name:

Cell Phone:

Work Phone:

Home Phone:

Email:

Home Address (if different):

Photo/Video Release:

I grant permission to use any photographs and/or videos of my child(ren) occasionally taken at school for publicity and marketing purposes both in print and online. I agree that neither I, nor my child(ren), will receive compensation for the use of any images.

☐ I Agree/Permission Granted

☐ I do not agree/Permission is NOT Granted

Room Parent Volunteer:

The Religious School at Congregation Sha'aray Shalom needs your help. Throughout the year there are many opportunities to donate your time, talent and energies to help make your children's school year a successful and meaningful one. We rely on your generous donation of volunteer time to make the many Family Programs and special school events offered at CSS positive and enriching experiences. Not only does your volunteer time benefit the school, it also strengthens your family's connection to the Temple community and encourages friendships among the students and parents alike.

Please indicate below any special interests, talents or services (i.e.: cooking, artistic, Hebrew knowledge, office skills etc.) you would like to share with your child's class or the school.

Room Parent/Liaison for grade: _____ ☐ Yes, I would be interested in being a Room Parent/Liaison.

Class Mitzvah Project Coordinator for grade: _____ ☐ Yes, I would be willing to act as the Class Mitzvah Project Coordinator.