

## Congregation Sha'aray Shalom ~ 2019-20 Religious School Registration



### Congregation Sha'aray Shalom

### 5780/2019-20 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 ensuring a high quality and enjoyable Jewish education for your child. This year Congregation Sha'aray Shalom will be celebrating its 60th Anniversary. We will have many opportunities throughout the upcoming school year to celebrate "60 Years" with the students. We hope your family will join us for the many special education programs, Mitzvah projects, concerts, events and more...

If you have any questions or concerns, please feel free to contact Cantor Weiss or Annette Jenkins at the school office (781) 749-8103. Thank you in advance for your timely response and cooperation.

#### REGISTRATION FEE PER FAMILY

#### \$200 REGISTRATION FEE PER FAMILY

*The Religious School tuition rates and fees listed below are the PROPOSED 2019-2020 tuition. The 2019-2020 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 2, 2019.*

<u>Description</u>	<u>Amount</u>
<b>School Tuition - 1 Child</b> (Parent Tot through Confirmation)	\$680.00
<b>School Tuition - 2 Children</b> (Parent Tot through Confirmation)	\$1,280.00
<b>School Tuition - 3 Children</b> (Parent Tot through Confirmation)	\$1,885.00
<b>School Tuition - 4 Children</b> (Parent Tot through Confirmation)	\$2,495.00
<b>Book and Materials Fee</b> per child Grades K - 10	\$60.00
<b>Dinner Fee(s)</b> per child Grades 7 - 10	\$100.00

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**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:**

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

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

**Date: February 28 to March 2, 2020**

The highlight of the 9th and 10th grade program will be their participation in the L'Taken Seminar, sponsored by the Religious Action Center, the political advocacy arm of the Union of Reform Judaism. The Bernard and Audrey Rapoport L'Taken 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'Taken 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'Taken Seminar is such an important and integral component of the 9 & 10 grade curriculum, The **\$250 deposit** for the L'Taken 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.*

**9th and 10th Grade Confirmation Class Trip to Washington, D.C. Deposit      \$250 Student #1:**

**Hebrew Name:**

**Gender:**

**Date of Birth:**

**CSS Grade in Sept. 2019:**

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**Home Phone:**

**Cell Phone:**

**E-mail:**

**Special Learning Needs:**

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

**Individual Education Plan?**

(If yes, please provide 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.)

**Medication:**

**Dosage:**

**Impact, if at all, on school:**

**Student #1:**

**Hebrew Name:**

**Gender:**

**Date of Birth:**

**CSS Grade in Sept. 2019:**

**Home Phone:**

**Cell Phone:**

**E-mail:**

**Special Learning Needs:**

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

**Individual Education Plan?**

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**Medication:**

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**Dosage:**

**Impact, if at all, on school:**

**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.

**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.

**Photo/Video Release:** \_\_\_\_\_

Parents Signature

**No Photo/Video permitted:** \_\_\_\_\_

Parents Signature

**Student #1:**

**Hebrew Name:**

**Gender:**

**Date of Birth:**

**CSS Grade in Sept. 2019:**

**Home Phone:**

**Cell Phone:**

**E-mail:**

**Special Learning Needs:**

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

### **Individual Education Plan?**

(If yes, please provide 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.)

**Medication:**

**Dosage:**

**Impact, if at all, on school:**

**Student #2:**

**Hebrew Name:**

**Gender:**

**Date of Birth:**

**CSS Grade in Sept. 2019:**

**Home Phone:**

**Cell Phone:**

**E-mail:**

**Special Learning Needs:**

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

**Individual Education Plan?**

(If yes, please provide 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.)

**Medication:**

**Dosage:**

**Impact, if at all, on school:**

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### **Room Parent Volunteer/ Class Mitzvah Project Coordinator:**

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 the Room Parent/Liaison. \_\_\_\_\_**

**If you have questions, feel free to reach out to us, Cantor Weiss or Annette Jenkins in the Temple Office. We look forward to seeing you in the fall!**

### **EMERGENCY MEDICAL INFORMATION \*required**

**Physician: \***

**Physician Phone Number: \***

**Emergency Contact: \***

**Relationship: \***

**Cell Phone: \***

**FAMILY INFORMATION Parent/Guardian #1: \***

**Cell Phone: \***

**Work Phone: \***

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**E-mail: \***

**Home Telephone: \***

**Address: \***

**City: \***

**State: \***

**Zip Code: \***

**FAMILY INFORMATION Parent/Guardian #2: \***

**Cell Phone: \***

**Work Phone: \***

**E-mail: \***

**Home Telephone: \***

**Address: \***

**City: \***

**State: \***

**Zip Code: \***

**Additional Notes:**