



**Religious School Registration Form**  
**2017 – 2018**  
**5777 – 5778**

The Temple Beth Emeth v'Ohr Progressive Shaari Zedek Religious School (also referred to as TBE) is organized into five classes according to the school grade as of September 2017.

|              |                                  |
|--------------|----------------------------------|
| Jerusalem    | Kindergarten through 2nd Graders |
| Eilat        | 3rd & 4th Graders                |
| Haifa        | 5th & 6th Graders                |
| Tel Aviv     | 7th & 8th Graders                |
| Confirmation | Post B'nai Mitzvah               |

***All students attend class on Saturday mornings, including Shabbat services for families and children.***

Students 8 years and up have midweek Hebrew instruction, which may be in person at the Temple or via distance learning (Skype). Hebrew instruction is delivered chevrotah-style, with pairs of learners working intensively with the instructor.

B'nai Mitzvah preparation includes direct instruction with the Rabbi, Cantor, and rabbinic intern. Confirmation classes are taught by the Rabbi.

| <b>Class</b> | <b>Schedule</b>      | <b>Tuition</b> | <b>Additional Student Tuition</b> |
|--------------|----------------------|----------------|-----------------------------------|
| Jerusalem    | Saturday only        | \$800          | \$765                             |
| Eilat        | Saturday only        | \$800          | \$765                             |
| Haifa        | Saturday and Weekday | \$1,095        | \$1,045                           |
| Tel Aviv     | Saturday and Weekday | \$1,095        | \$1,045                           |
| Confirmation | Weekday Only         | \$800          | \$765                             |

Saturday classes begin promptly at 9:45 AM. Students are encouraged to come at 9:15 AM for bagels prior to class. *Services start at 11 AM. Participation is a part of our curriculum.*

Weekday Hebrew classes are scheduled based on both time slot preferences and teacher availability.

*To register your child, please complete the following forms and return to the Temple office in person, via mail, or as a pdf via email.*

For families with more than one student enrolled, the additional student lower rate is applied to the younger sibling(s).



**Registration Information**

|  |               |            |            |                 |
|--|---------------|------------|------------|-----------------|
| Child's Name   | Date of Birth | Age        | Grade      | Gender Identity |
| Parent's/Guardian's Name                               | Home Phone    | Work Phone | Cell Phone |                 |
| Street Address   | City          | State      | Zip        | Email           |
| Weekend Emergency Contact<br>(If different from above) | Home Phone    | Work Phone | Cell Phone |                 |
| Street Address   | City          | State      | Zip        | Email           |

**Medical Information**

|                  |                          |
|------------------|--------------------------|
| Physician's Name | Physician's Phone Number |
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Medications your student may need or medical issues of which we should be aware of:

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Allergies/Special Health Considerations:

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***All information shared is kept confidential.***



**Consent for Emergency Medical Care**

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

|   |                           |      |
|---|---------------------------|------|
| Parent/Guardian Name<br><i>Please Print</i> | Parent/Guardian Signature | Date |
|---|---------------------------|------|

**Field Trips**

I give permission for my child to go on field trips. I release TBE and individuals from liability in case of accident during activities related to TBE as long as normal safety procedures have been taken.

|   |                           |      |
|---|---------------------------|------|
| Parent/Guardian Name<br><i>Please Print</i> | Parent/Guardian Signature | Date |
|---|---------------------------|------|

**Photography and Video Release**

Temple Beth Emeth v'Ohr Progressive Shaari Zedek includes photo and/or video of students, teachers, and school activities both electronically and in our print communications. This may include but is not limited to our website, Facebook page and monthly newsletter.

***Please check one:***

I hereby give permission for Temple Beth Emeth v'Ohr Progressive Shaari Zedek to use photos and/or video of my student in both electronic and print communications *which may include their name*.

I hereby give permission for Temple Beth Emeth v'Ohr Progressive Shaari Zedek to use photos and/or video of my student in both electronic and print communications **without** including their name.

I hereby **DO NOT** give permission for the school to use photos and/or video on the website or print communications.

|              |   |
|--------------|---|
| Student Name | Parent/Guardian Name<br><i>Please Print</i> |
|--------------|---|

|                           |      |
|---------------------------|------|
| Parent/Guardian Signature | Date |
|---------------------------|------|



### Student Background Information

Student's Name: \_\_\_\_\_

Please tell us a bit more about your child. Our goal is to provide a wonderful year for your student at our Religious School. This information will be reviewed by our Rabbi and Religious School Director and will be kept in confidence. Please note that the Rabbi and/or Director may reach out to you to further discuss how best to meet your student's needs.

What are your child's interests that may help us further engage him or her in Religious School?

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Has your child had any challenges about which it would be beneficial for us to know? Please provide any suggestions as to how best support your child in relation to these challenges.

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Has your son or daughter an Individualized Education Plan (IEP)? Please note that we welcome all children in our Religious school and only ask to better meet your student's needs.

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Please share any other information about your student you feel is important for us to know.

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