

TEMPLE ISRAEL

2011-12 Religious and Hebrew School Registration Form

PLEASE NOTE: A completed registration form must be on file prior to a student starting.

STUDENT INFORMATION

Returning Student New Student

Student's Name: _____ Grade in the Fall of 2011: _____

Weekday School: _____ Birth date: _____ Gender: M / F

Interfaith household: Yes No Interfaith extended family: Yes No

RELIGIOUS SCHOOL ENROLLMENT

SATURDAY 9:00-11:30 a.m.

Pre-Kindergarten
(students and parents meet 9 times per year on Saturday)

Pre-K Tuition: \$125/year

K-6 Tuition: \$530/year

- Kindergarten
- First
- Second
- Third
- Fourth
- Fifth
- Sixth

SUNDAY 9:00-11:30 a.m.

- Kindergarten
- First
- Second
- Third
- Fourth
- Fifth
- Sixth

CHECK the program/grade requested:

7th/8th Grade Na'aseh V'nishma

Tuition: \$660/year

Sundays: 12:00-2:30 p.m.
Averages 2 sessions per month plus mitzvah work.

9th Grade Kallah Program

Tuition: \$630/year

Weekend retreats at Camp TEKO plus sessions at Temple Israel.

10th Grade Confirmation

Tuition: \$750/year

Wednesdays: 6:00-8:30 P.M.
Averages 2 classes per month.

PARENT INFORMATION

Parent/Guardian _____ Email _____

Address _____

Home _____ Work _____ Cell _____ Pager _____

Parent/Guardian _____ Email _____

Address _____

Home _____ Work _____ Cell _____ Pager _____

Student resides with: _____

OTHER CHILDREN WHO LIVE IN THE SAME HOUSEHOLD:

Last Name	First Name	Birth Date	Gender	Temple Program/Grade (if applicable)

You must be current in your financial obligations to Temple for your child to be enrolled.

Scholarships are available for those in need of financial aid for tuition.

Scholarship application deadline dates are May 1, August 1, November 1, and February 1;
funds may be more limited after deadlines have passed.

Questions regarding your financial status may be directed to Myra Giesener, Chief Operating Officer at 612-374-0318.
Forms may be obtained by contacting Barb Brenn at bbrenn@templeisrael.com or 612-374-0356.

HEBREW SCHOOL ENROLLMENT
(Must be filled out for every Hebrew School student)

PLEASE NOTE: Students entering third grade Religious School enter first year Hebrew School.
Students must also attend Religious School.
Enrollment in Hebrew School is required for B'nai Mitzvah.

Check days of the week and grade level: **Monday/Wednesday 4:15-5:45 p.m. (Temple Israel Location only)**
 Tuesday/Thursday 4:15-5:45 p.m. (Western Campus Location only)

Tuition: \$780/year

1st year Alef (3rd grade) 2nd year Bet (4th grade) 3rd year Gimel (5th Grade) 4th year Dalet (6th grade)

Student's name _____ Home Phone _____

Parent's name _____ Phone number between 3-7 p.m. _____

Parent's name _____ Phone number between 3-7 p.m. _____

School name _____ School District _____

School dismissal time _____ School phone number _____

TRANSPORTATION INFORMATION

Share our name and telephone number with other families at Temple Israel who have expressed an interest in forming a car pool: Yes No

To Temple (check one)	From Temple (check one)
<input type="checkbox"/> Own car <input type="checkbox"/> Car pool	<input type="checkbox"/> Own car <input type="checkbox"/> Car pool
Contact person/driver	Contact person/driver
Contact person's phone number	Contact person's phone number

7th Grade Hey (B'nai Mitzvah): Monday -or- Wednesday 4:15-5:45 p.m. (Temple Israel Location Only)

Tuition: \$720/year

Tuesday -or- Thursday 4:15-5:45 p.m. (Western Campus Location Only)

Modified 2-Year Program for Special Needs Students 5th Grade Gimel 6th Grade Dalet



Temple Israel's Religious and Hebrew Schools are beneficiaries of the



FOR OFFICE USE ONLY

____MM ____E ____SIB

EMERGENCY AND MEDICAL INFORMATION –
Please note this entire page must be completed for each enrolled child.

Student's Name _____

EMERGENCY CONTACTS: If Parent(s)/Guardian(s) are **not** available in an emergency during **Religious School**, please contact:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

If Parent(s)/Guardian(s) are **not** available in an emergency during **Hebrew School**, please contact:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name of Doctor _____ Phone _____

Preferred Hospital _____ Phone _____

Preferred Emergency Clinic _____ Phone _____

Please specify if your child will need to have medication administered during our school time: Yes No

NOTE: No medication will be administered without parental consent. Contact the Education Office at 612-374-0356 for an authorization form.

PARENTAL CONSENT – I have read and agree to the following terms:

- I give my child permission to attend the indicated education program(s) at Temple Israel. I hereby release and hold harmless Temple Israel, and their respective employees, of and from any and all present and future claims of any kind or nature arising from my child's attendance at Temple Israel's education programs and participation in any of its programs and activities, and/or use of its facilities.
- I understand that students must remain on Temple grounds from the time they arrive through their scheduled academic program unless they are part of an authorized, chaperoned activity. I give my permission for my child to leave the grounds to participate in educational programs, under the supervision of the program staff.
- Temple Israel has my permission to photograph and videotape my child in any form of media and/or presentation of educational activities, and to reproduce and use such images in any of its advertising, publications, web based historical archive or the presentation of Temple educational programs to the community unless otherwise notified in writing by the parent/guardian.
- I understand that the addresses, phone numbers and email information of students may be distributed to other students' families at the school's discretion unless otherwise notified in writing by parents.
- The costs of first-aid and minor medical care performed on the premises, and not requiring a physician, are covered by the tuition fee. The costs of all other medical care and associated services are the financial responsibility of the student's legal guardian.
- Once enrolled and the school year has started, I understand that Temple is unable to adjust or refund any education program fees; I (we) are responsible for the entire year's tuition.

x

Parent's Signature

Date Signed

Is there any additional information we should know? _____

Confidential Student Profile

***This form will be used for educational planning purposes only. Its contents will be viewed only by your child's principal, teacher(s), and/or providers of special education services.**

1. Does your child have an Individual Education Plan (IEP), 504 Plan, OHD – Other Health Disability Plan, or other educational plan *from the public school district*? Yes No

2. Does your child have a *private school-generated* education plan providing modifications? Yes No

If yes to questions 1 or 2, attach a copy of your child's current educational plan (IEP, 504, or OHD) to this form.

3. Does your child receive support services in or out of their school day (special education/resource support, paraprofessional, one-on-one aide, private therapist, private tutor)? Yes No
If so, provide details.

4. Please check the appropriate box(es) that apply to your child.

- | | | |
|--|---|--|
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Allergies | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Autism/PDD |
| <input type="checkbox"/> Conduct/Oppositional Defiant Disorder | <input type="checkbox"/> Depression | <input type="checkbox"/> Developmental/Cognitive Delay |
| <input type="checkbox"/> Emotional/Behavioral Disorder | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy/Seizures |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Obsessive-Compulsive Disorder |
| <input type="checkbox"/> Physical Disability/Cerebral Palsy | <input type="checkbox"/> Speech/Language Disability | <input type="checkbox"/> Tourette's Syndrome |
| <input type="checkbox"/> Visual Impairment | | |

5. Does this condition impact your child's school performance? If yes, provide details. Yes No

6. Would you like us to contact you to discuss this information further? Yes No

7. Was a referral for assessment of concerns at school recently made or is one in progress? Yes No
If yes, please explain.

8. Does your child take medication? If yes, provide names of medication(s) and, if needed during school hours, the times administered. Yes No

9. Other information regarding your child's health or education that you would like to share.

Name and relationship to child of person completing this form.

(Please print name and relationship)

(Signature)