



LIBBY AND LEO NEVAS RELIGIOUS SCHOOL of TEMPLE ISRAEL

REGISTRATION INFORMATION 2016-17

- Please retain this page for reference.
- Return the attached forms and tuition deposit to the Religious School office.
- A separate set of forms must be completed for each child.
- Additional copies of the registration forms may be downloaded from the Temple Israel website, www.tiwestport.org.

Mail to:
Temple Israel Religious School
14 Coleytown Rd.
Westport, CT 06880

Scan and email to:
Jackie Fuchs
jfuchs@tiwestport.org

Fax:
203-454-2292

FEES

(Fees subject to approval by Temple Israel Board)

A deposit of \$100 per child (grades 1-12) is due at the time of registration. Kindergarten tuition is free. Please make your check payable to Temple Israel. The tuition balance will appear on your Temple Israel billing statement. Scholarships are available; no child will be denied a religious education for financial hardship. Please contact our Executive Director, Lisa Goldberg, to discuss financial arrangements, if needed. Strict confidentiality will be maintained.

Early Bird Tuition applies to registration forms received on or before May 6, 2016.
Regular Tuition applies to all registration forms received after May 6, 2016.

	EARLY BIRD/ NEW MEMBER TUITION		REGULAR TUITION	
	<u>Tuition, Books, Supplies and Program Fee</u>		<u>Tuition, Books, Supplies and Program Fee</u>	
Kindergarten	No Charge		No Charge	
Grades 1-3	\$620		\$820	
Grades 4-7	\$1135		\$1335	
Grades 8-9 – TI High	\$620		\$820	
Grades 8-12 - Chesed Club*	\$355		\$555	
Grades 8-12 – Chesed Club* (for students also enrolled in TI High)	\$245		\$245	
Grade 10 – Confirmation	\$620		\$820	
Grades 11-12 - Post Confirmation**	\$395		\$595	

* *Chesed Club (Grades 8-12), a service learning program, is an additional or alternative program to TI High. It meets 10 Sundays during the school year.*

***Post Confirmation (Grades 11-12) meets twice a month.*

TEMPLE ISRAEL RELIGIOUS SCHOOL REGISTRATION FORM 2016-17

For office use:
Date Rec'd

PLEASE PRINT CLEARLY

Name of student: _____
Last First

Date of Birth ____/____/____ Male Female Grade as of September 2016 _____

Parent/Guardian Name _____ Parent/Guardian Name _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Parent/Guardian Email _____

Parent/Guardian Email _____ Student Email (Gr. 9-12 only) _____

Name of Public/Private School _____

We will be using the above information in our Temple Israel Religious School Directory (name, address, phone, email).
If you do not want to be listed in the directory, please check here.

FOR NEW STUDENTS TO THE TEMPLE ISRAEL RELIGIOUS SCHOOL IN 2016-17 ONLY:

Has your child previously attended a Jewish educational program? Yes No

If you answered yes: Where? _____ How many years? _____

SCHEDULE OPTIONS FOR GRADES K, 4-6 and 8-12 ONLY (There are no scheduling options for other grades):

Please select your preferred schedule. Choices will be granted based on the order in which registration forms are received. A minimum of 12 students is required to proceed with a class section. You will be notified if your request cannot be granted.

Kindergarten	<input type="checkbox"/>	Sunday 9:00 – 10:30 a.m. <u>or</u>
	<input type="checkbox"/>	Monday 4:00 – 5:30 p.m.
4th Grade	<input type="checkbox"/>	Sunday 9:00 – 11:00 a.m. and Thursday 4:00-6:00 p.m. <u>or</u>
	<input type="checkbox"/>	Tuesday 4:00-6:00 p.m. and Thursday 4:00-6:00 p.m.
5th Grade	<input type="checkbox"/>	Sunday 9:00 – 11:00 a.m. and Tuesday 4:00-6:00 p.m. <u>or</u>
	<input type="checkbox"/>	Tuesday 4:00-6:00 p.m. and Thursday 4:00-6:00 p.m.
6th Grade	<input type="checkbox"/>	Sunday 9:00 – 11:00 a.m. and Tuesday 3:30-5:30 p.m. <u>or</u>
	<input type="checkbox"/>	Tuesday 3:30-5:30 p.m. and Thursday 3:30-5:30 p.m.
Grades 8-12	<input type="checkbox"/>	TI High - Tuesday 6:30-8:00 <u>or</u>
	<input type="checkbox"/>	Chesed Club – 10 Sundays (times vary) <u>or</u>
	<input type="checkbox"/>	TI High – Tuesday 6:30-8:00 and Chesed Club – 10 Sundays (times vary)

Temple Israel has my permission to use any photos of Religious School or youth group activities in which my child may appear in the representation of its school and youth programs to the community.

I understand and agree to the following: Parents will be responsible for the total Religious School tuition, books, supplies and program fees regardless of absences or voluntary withdrawal of the child from school for any reason. The entire Religious School tuition is NON-REFUNDABLE / NON-TRANSFERABLE. Tuition is payable in full before the first day of school. Only members in good standing may enroll children in Religious School.

Signature _____ Date _____
(Parent responsible for financial payment)

CONFIDENTIAL INFORMATION 2016-17

Child's Name: _____ Grade as of September 2016 _____

What information should we have concerning your child's needs and development? Please list special learning needs. Use additional pages if necessary. Please contact the Director of Education if you prefer to have a private discussion.

*Please note that class placement is based on:

- Hebrew skill level (grades 4-7)
- Classroom behavior
- Maintenance of reasonable class size

Requests for students to be placed in class with friends will be considered but not guaranteed.

If educationally sound, I would like my child to be placed in class with: _____

FOR DIVORCED OR SEPARATED FAMILIES ONLY:

Name: _____ Name: _____ With whom does the child reside? M F
Mother Father

Would you like religious school mail to go to the non/co-custodial parent? Yes No

Address of non/co-custodial parent _____

City _____ State _____ Zip Code _____ Home Phone _____

Cell Phone _____ Email _____

If you are remarried please share the following information:

Name of spouse of custodial parent _____

Name of spouse of non/co-custodial parent _____

Please check which information from above you would like shared in the Religious School Directory:

Non/co-custodial parent's name address home phone number email
 Name of spouse of custodial parent Name of spouse of non/co-custodial parent

EMERGENCY RECORD 2016-17

Child's Name _____ Birth Date ____/____/____ Grade (Sept. 2016) _____

Address _____ City _____ State _____ Zip Code _____

Parent/Guardian Name _____

Home Phone _____ Business Phone _____

Cell Phone _____

Parent/Guardian Name _____

Home Phone _____ Business Phone _____

Cell Phone _____

Physician _____ Phone _____

Dentist _____ Phone _____

Orthodontist _____ Phone _____

Medical Conditions/Allergies _____

Medications taken regularly _____

Health Insurance Carrier & Member # _____

Temple Israel agrees to take reasonable measures for the protection of the health of each child. However, it assumes no risk for injuries, accidents and/or sickness incurred or received by any child whether directly or indirectly while attending school, school trips and youth group events or under faculty supervision. I agree to release and hold harmless Temple Israel, its trustees and employees from any and all claims that may arise as a result of any injury, loss or damages incurred by me or my family. In the event of any medical emergency or accident, the Temple Israel Religious School or Youth Program staff reserves the right to move your child to an appropriate hospital. I hereby authorize such physicians or emergency facility to treat my child in any emergency situation until such time as I can be reached for specific permission.

Signature _____ Date _____



Emergency Contacts - The following persons are authorized to pick up my child from school or youth group events if necessary. (Please remember to notify these people that they may be contacted by the Religious School office.)

<u>Name</u>	<u>Relationship</u>	<u>Phone Numbers</u> (home, cell, etc.)
1.		
2.		
3.		

PARENT ASSOCIATION 2016-17
Join the PA Today! The TI Parent Association needs *your* help!

The PA works with the Religious School committee and staff to make Hebrew school a great experience for your children. We plan holiday celebrations, organize teacher gifts and host family programs and First Fridays Shabbat dinners. There are many opportunities to volunteer and participate, whether by taking on a position through which you can be involved with the Religious School throughout the year or by assisting with the planning and organizing of a specific event. Or perhaps, you prefer to assist us on site for just a few hours periodically during the year. Below are a few examples of how you can enrich your experience at Temple Israel as well as your child's. We hope you will consider volunteering some of your time to the Religious School. More information is available at www.twestport.org.

Would you like to volunteer to be your child's Class Parent/Grade Level Rep? Yes

This is an excellent way to become acquainted with the Religious School staff and the parents of your child's classmates. **Grade Level Reps help coordinate volunteers for their child's grade's Shabbat dinner, family programs and holiday programs not covered by the On-Site Event Coordinator.**

Would you like to volunteer to be an On-Site Event Coordinator? Yes

Become familiar with various events at Temple Israel and develop a working rapport with temple parents and the Director of Education. Events include: Chanukah Programs, Teacher Appreciation Shabbat Dinner or Passover Programs.

On-Site Event Coordinator responsibilities include:

- **Oversee the set-up and clean-up of an event**
- **Orient and distribute tasks to volunteers**

***Note that each Event Coordinator is only responsible for one event.**

Individual events that you can help with:

Sukkot Yes

Consecration (Simchat Torah) Yes

Chanukah Programs Yes

Tu B'Shevat Seder Yes

Purim Carnival Yes

Passover Programs Yes

Mitzvah Day Yes

First Fridays Grade Level Shabbat Dinner

Yes Circle a Grade – K 1 2 3 4 5 6

Family Education Programs

Yes Circle a Grade – K 1 2 3 4 5 6 7

Teen Programming Yes

High School Honors Shabbat Yes

Do you have an interest or skill you would be willing to share with students in the Religious School, for example, art, cooking, dance, drama? Yes

Please specify _____

Not sure how you would like to help? Would you like us to call you to discuss opportunities to get involved? Yes

Your Name: _____ Child or children's name/s and grade/s _____

Phone #: _____ Email: _____