



2009-10 Temple Sholom Religious School Registration

Please complete every page in booklet and submit along with a \$250 per child non-refundable deposit to:

Michele Strauss, Temple Sholom, 300 East Putnam Avenue, Greenwich, CT 06830

Please make check payable to Temple Sholom. Call Michele at 203-542-7161 with any questions or email her at michele.strauss@templesholom.com

The balance is due by July 1st

- 1) **Registration & Payment:** Temple policy requires a non-refundable deposit of \$250.00 per child and submission of all required paperwork in order to process Religious School registrations. All Registration fees are non-refundable.
- 2) **Membership:** All religious school families must be members in good standing of Temple Sholom to attend religious school. For membership questions, please contact Steve Friedman: (203) 542-7155.
- 3) **Cancellations:** We reserve the right to cancel a class or session after July 1st & refund payment for lack of enrollment.

Please circle your 2009-2010 schedule choice below:

We encourage all students to begin our program in Kindergarten.

Children in grades 3-7 are required to attend twice a week, (Sunday mornings and Tuesday afternoons)

Children in grade 6 are required to attend an additional Thursday afternoon B'nai Mitzvah class.

If you have a 6th grader, please circle your time preference.

We strongly encourage all children in grades 8-12 to register for Sababa, our post-B'nai Mitzvah program.

Student Information

Returning Student New Student

Grade	Day	Hours	Registration Deposit Paid After May 31, 2009 Full Payment after July 1, 2009
Kindergarten – 2 nd Grade	Sunday	9:00 – 11:00 am	\$800.00
3 rd Grade – 7 th Grade	Tuesday AND Sunday	4:00 – 6:00 pm AND 9:00 - 11:00 am	\$1375.00
6 th Grade B'nai Mitzvah Class	Thursday	4:00 – 5:00 pm OR 5:00 – 6:00 pm	
Sababa 8 th – 12 th Grade (Hebrew High School)	2 Tuesdays per month	6:00 – 8:00 pm	\$400.00

Parent/Guardian Information

Mother/Guardian's Name	Home Phone	Cell Phone	Work Phone
Home Address		Email Address	
Father/Guardian's Name	Home Phone	Cell Phone	Work Phone
Home Address (if different from above)		Email Address	
Email address(es) to be used for all school correspondence			

Emergency Contact

If you cannot be reached in case of an emergency, give the names of the people to be notified:

Name	Relationship	Phone Number
		Cell: Home:
		Cell: Home:

Please list the names of those who are authorized to pick your child up from school:

1. _____ 2. _____
3. _____ 4. _____

Permission Agreement Please read each statement and initial to the right.

I authorize Temple Sholom to use pictures of my child taken at school and synagogue events for any type of publicity & marketing that will appear in print, electronic media or on the internet for the school and synagogue. I understand that my child's full name will never appear next to his/her picture without prior written parental consent, and the pictures will only be used to promote Temple Sholom and TSRS. _____

I grant permission for my family's name, address, email address and telephone number to be printed in the school directory and class lists. _____

I agree that if my child should need any medical attention, TSRS is authorized to provide and arrange for treatment and I will be responsible for any costs associated with the treatment. _____

I understand that TSRS will make every reasonable attempt to reach me or anyone listed above as my emergency contact before using this authorization. _____

My child has my permission to go on educational field trips arranged by TSRS. _____

Signature

My signature confirms that the above information is accurate, that the guidelines and procedures of TSRS will be adhered to, and that I understand it is my responsibility to keep the above information current.

Signature of Parent or Guardian: _____ Date: _____

Student Information

___ Returning Student ___ New Student

Student's Last Name	Student's First Name	Male Female	Date of Birth ____/____/____
Student's Hebrew Name	Secular School Name		09-10 School Grade
Please indicate ONE child with whom you would like your child placed			
Child's Physician		Physician's Phone	

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2009-2010 Parent Volunteer Opportunities

Your personal involvement contributes significantly to the success of our special school-wide activities and holiday celebrations. Please select one or more of the volunteer opportunities described below:

- _____ **Class Parent**– responsibilities include: communicating with parents about upcoming family programs, volunteering at school-sponsored events, and organizing class gifts

- _____ **Back to School** - assist with traffic control and parking or meet and greet students and parents to ensure a smooth-running first day

- _____ **Sukkah decorating** – purchase decorations and/or decorate Synagogue’s sukkah

- _____ **Chanukah Family Celebrations** – purchase and/or hang decorations, assist in latke-making project, or serve food

- _____ **Project Ezra** – help make our annual luncheon for senior citizens a great success by either shopping, cooking, decorating Social Hall, or serving food. Project Ezra is an independent, non-profit organization serving the frail elderly from a largely homebound, poor population.

- _____ **Purim Carnival** – help set-up and decorate Social Hall, collect money and distribute wristbands, sell food, or distribute prizes

- _____ **Mitzvah Day** – assist in coordinating a variety of community service projects for parents and students

- _____ **Fundraising** – Passover Candy

Thank you for generously donating your time for the above events. Please also let us know if you have any special talents (such as cooking or crafts) that you would like to share with us at any time during the course of the school year:



**TEMPLE SHOLOM RELIGIOUS SCHOOL
2009-2010 STUDENT PROFILE
(Please complete one for each child)**

C O N F I D E N T I A L

In an effort to provide the best educational experience for your child, we need to be aware of any special needs your child may have. Please respond to the questions below and feel free to schedule an appointment with Rabbi Allison Berlinger at (203) 542-7161 to discuss any concerns or issues you may have related to your child's learning experience.

Student's Name _____ Grade as of Fall 2009 _____

Does your child have any physical and/or medical conditions of which the school needs to be aware? If so, please describe.

**Is your child under a physician's care/treatment or taking medications on a regular basis? Y/N
If yes, please provide details.**

Does your child have any emotional, social, or behavioral issues (i.e. a learning disability such as ADD or ADHD, a perceptual or hearing impairment, dyslexia, etc.) that might affect his/her classroom performance?

If your child qualifies for special education services within their local school system, please list specific services given such as directions read, special seating, reading assistance, testing modifications, or need of a teacher aide.

Is there anything about your child as a learner that you would like us to know? How does he/she tend to learn best?

What else about your child would be helpful to share with his/her teacher?
