

Temple Israel Last Name _____ Religious School Registration 2013-14

Please complete one form for each child being registered

Child First Name _____ Last (if different from above) _____

Hebrew Name _____ Birth Date _____

Grade entering regular school Fall 2013 _____

Hebrew School 2012-13: (circle) Temple Israel Other None *If other, where?* _____

Family membership at Temple Israel (circle) Yes No

Does this child have an IEP or other support in their regular school? If yes, please use the bottom of this form to provide a description of child's needs and support received.

Does this child have allergies that we should be aware of? Please list _____

Please describe symptoms of an allergy attack _____

Please list any/all medications for allergy _____

Please sign here to permit staff and volunteers of Temple Israel Hebrew School to administer allergy medication as described above to this child if needed. _____

Does your child take any other routine medication? Yes or No. If yes, please provide information on the bottom or back of this form.

Is there anything else we should know about your child, how he/she functions in the classroom that would enhance their Jewish educational experience? _____

IEP/Support description: _____

Temple Israel Religious School Use Only:

Registration fee paid ____ Class assignment _____ Tuition Rate ____ Notes _____

Temple Israel Religious School Registration
Family Information Form **Last Name** _____

Please complete one family form per family.

FAMILY & EMERGENCY CONTACT INFORMATION

Parent First _____ Last (if different from above) _____

Parent First _____ Last (if different from above) _____

Home Address _____

City _____ NH Zip _____

Secondary Home Address _____

Primary email for school notices _____

Secondary email _____

Home Phone _____ Parent Cell (Name) _____ First contact for emergency

Parent Cell (Name) _____

Our first call in case of an emergency is to the first listed Parent Cell unless you indicate otherwise.

Other emergency contact: Name _____ Phone _____

Relation to child _____

The Board of Directors of Temple Israel has your child's education and security in mind. They have asked that one parent per week volunteer to be our door-monitor. We are requesting that all parents take turns assisting in this duty. If everyone commits, then the maximum any parent will need to stay should not be more than 3 times over the course of the school year. A schedule will be provided.

By signing below I acknowledge that I am registering my child(ren) list first name(s)

_____ in Temple Israel's Religious School for 2013-14, am aware of the membership and tuition policy, and door monitoring needs.

Signature of parent registering child _____

Temple Israel Religious School Tuition

Registration Fee due with registration form: \$100 each child

Members: \$360 per child

Non-Members \$720 per child

Please note: Membership policy established February 2013: Any family with a child in 4th grade, or higher, must be a member in good standing of Temple Israel.

Shabbat Morning Services

Preparation for Bar/Bat Mitzvah at Temple Israel and leadership participation are two of the goals of the educational program for grades K-7. In class students learn the individual prayers that make up the Shabbat morning service. The only way to put classroom knowledge into action is to attend services.

Children are always welcome at services, regardless of their age. Beginning in fourth grade students should be at Shabbat morning services at Temple Israel regularly. The attendance requirement is as follows:

- 4th Grade: six times per year
- 5th Grade: 12 times per year
- 6th & 7th Grade: 18 times per year
- In the last six months prior to Bar/Bat Mitzvah, at least 3 of every 4 weeks.

There will be an attendance taking system in place. Junior Congregation will count toward the attendance requirement.