ADAT SHALOM RELIGIOUS SCHOOL OVERVIEW



General Information

Our Jewish Education Center offers a unique, engaging, and joyful religious school experience. Our approach is experiential and dynamic, bringing together the best of a traditional Jewish education with a program that is both relevant and forward-thinking. The Center provides a well-rounded education that strengthens our students' Jewish identity, building character as Jewish citizens of the world. It is a place where children and their families become part of a warm and enthusiastic community, and where Torah and Judaism come alive.

Program Highlights include:

- An approach to Jewish learning that emphasizes critical thinking and personal connections
- Meaningful learning opportunities with Rabbi Miriam Potok
- Joyful Tefillah (prayer) and lively music with Cantor Dale Schatz
- Hebrew instruction geared toward synagogue skills
- Seamless transition to Adat Shalom's Bar and Bat Mitzvah track, guided personally by Rabbi Potok
- Hands-on Tikkun Olam projects that teach acts of loving kindness within the Jewish community and with our neighbors in the wider community
- Foster strong connection with Israel

Throughout the year there are community events, Shabbat Services, and Friday night dinners designed for the entire family. Our annual Adat Shalom Shabbaton is in January at the Brandeis-Bardin AJU Campus. All families are encouraged to attend this spiritual and fun Shabbat experience!

Religious School Tuition Rates

For New Members Only: First Year of Religious School is Free (1st Child) with Full Membership

Grades	Days Per Week	First Child	Siblings
Pre-K — 1st	1x per week—Sunday Morning (9:00am - 11:30am)	\$1,000	\$900
2nd-8th	1x per week — Sunday Morning (9:00am - 11:30am)	\$1,500	\$1,400

Religious School tuition, based on Adat Shalom membership, is billed by the Main Office. If you would like to arrange a payment plan or have questions regarding Adat Shalom membership dues or Religious School tuition fees, please call the Main Office at (310) 475-4985.

RELIGIOUS SCHOOL REGISTRATION

2023-2024 / 5784

(One form per family)

Student Information

Name	Hebrew Name	Date of Birth	Grade	School			
Name	Hebrew Name	Date of Birth	Grade	School			
Parent Information							
Last Name	First Name	Phone #	Em	ail			
Address	City	State		Zip			
Last Name	First Name	Phone #	Em	ail			
Address	City	State		Zip			
Describe any physical or learning problems that may affect your child(ren)'s performance and/or participation at Religious School. Please also list medications taken by your child(ren):							
Please share anything else we should know:							

ADAT SHALOM COVID-19 POLICY

The Religious School follows current guidelines issued by Los Angeles County Department of Health.

In addition, if your child/children are exhibiting Covid-19 like symptoms, they remain home until symptoms subside. If your child/children have tested positive for Covid-19, and not exhibiting symptoms, they wear a mask when attending Religious School.

PARENTAL CONSENT TO EMERGENCY CARE

Student's name		Date of Birth	
Student's Name	e Date of Birth		
Student's Name		Date of Birth	
	Medical Rel	ease	
case of emergency, after a undersigned parent or lego Adat Shalom to either adm center for further treatme	ttempting to notify me first. In case of in al guardian of the student(s) listed abov ninister first aid that they deem necessa	cessary medical care or hospitalization for njury (If parent or physician is not availab e; do hereby authorize the appropriate pe ry, or to release the child to an emergency cers, agents and employees from any and	le) I, the ersonnel of y hospital or
Signature of Parent or Guardian		Date	
	Emergency Medical	Information	
Name of Physician:	me of Physician:Phone:		
Address:			_
Name of Dentist:		Phone:	
Address:			
Insurance Company:		Policy #:	
Allergies (please name chi	ld(ren) and explain):		_
Special Needs (please nam	ne child(ren) and explain):		_
If parents cannot be reach	hed, please contact the following peop	le:	_
Name:	Relation to Student:	Phone:	
Name:	Relation to Student:	Phone:	
If I am unable to reach the	e school, you are authorized to release	my children to:	
Name:	Relation to Student:	Phone:	
Name:	Relation to Student:	Phone:	_
The following person(s) C	ANNOT pick up my child		
Name:	Relation to Student:	Phone:	_
Name:	Relation to Student:	Phone:	

DISASTER RELEASE FORM 2023-2024 / 5784

(One form per family)

Please include names of all children	n:				
In the event of a major disaster or child(ren) to the custoy of:	emergency, I hereby give my permission	on for Adat Shalom to release my			
Name:	Relation to Student:	Phone:			
Name:	Relation to Student:	Phone:			
Note: The above named individuals child(ren) to be released to him/he	s must bring official identification (ex.: r.	driver's license) in order for your			
•	ect phone contact may not be possible list an out-of-state phone contact if				
Name:	Relation to Student:	Phone:			
Signature of Parent or Guardian: _		Date:			
Photo/Video/Audio Policy					
with our community. Adat Shalom of gaged during school and community printed and electronic formats. Ada and recordings that respect the chil	heir participation at Adat Shalom and often photographs, videos or records so activities. These materials may be shot Shalom upholds to produce wholeso dren, families and community. If you contain the produce wholeso and return with you	ared with the community in both ome and inspiring photos, videos do not want your child(ren)'s image			
Adat Shalom and their representati	elow named student(s), do not grant Aves the right to photograph, videotape cudent(s) on audio, video, film, slide or	e and audiotape the image, likeness			
Student Name:					
Student Name:					
Student Name:					
Signature of Parent or Guardian:		_			