

EMERGENCY MEDICAL TREATMENT

If the legal guardian cannot be contacted in the case of a medical emergency, Temple Israel Religious School and Temple Israel Youth Group have permission to transport the enrolled child(ren) to the physician or closest hospital for necessary treatment. I/we will indemnify, hold harmless and defend Temple Israel, its officers, directors, agents, and employees, from all liability from loss, damage, or injury to persons or property in any manner arising out of or incident to the performance of this agreement including without limitation all consequential damages and/or attorney's fees. I/we understand that Temple Israel does not provide medical insurance for participants.

Signature of Parent /Guardian _____

Date: _____

EMERGENCY CONTACT - In case of an emergency and a parent cannot be contacted please contact:

Contact 1 _____ Relationship _____ Best Phone # _____

Contact 2 _____ Relationship _____ Best Phone # _____

FIELD TRIP PARTICIPATION

Permission is granted for the enrolled child(ren) to participate in field trips planned for Temple Israel Religious School or Temple Israel Youth Groups. It is understood that the Temple Israel teaching staff, youth advisors and chaperones will supervise the field trips. I understand that my child(ren) may be transported in a Levine JCC bus, driven by a certified JCC staff member. I hereby release Temple Israel, its teachers and advisors from any liability in case of accident incurred en route to and from and throughout all field trips and youth events.

Signature of Parent/Guardian _____

Date: _____

PHOTOGRAPH/VIDEO RELEASE

I hereby give permission to use the photographs/videos of the enrolled minor(s) for publicity, promotion, news releases, videos, and web use of Temple Israel Religious School (TIRS) or Temple Israel Youth Group. This might also apply to the written composition or visual art of the minor or myself if it is published. I understand that TIRS will not identify children by name on Facebook or on the website.

Signature of Parent/Guardian _____

Date: _____

PAYMENT INFORMATION: Tuition includes art supplies, Class Shabbat Onegs and family education programs.

25% deposit (of the total tuition cost) is due with the registration form.

Tuition is due in full by December 31, 2018. Please circle the option below that works best for your family.

Payment Option #1 (By Check*/Monthly Invoice)	Payment Option #2 (By Credit Card*/Automatic Monthly Payments)	Payment Option #3 (Special Arrangement or Financial Assistance)
<input type="checkbox"/> Payment in full by check now <input type="checkbox"/> 25% deposit with equal monthly payments through Dec 2018 *Check made out to Temple Israel must accompany form.	<input type="checkbox"/> Payment in full by credit card now <input type="checkbox"/> 25% deposit with equal monthly payments through December 2018 *Must complete and submit enclosed credit card form and indicate use for TIRS tuition.	<input type="checkbox"/> I will contact Barbara Paterek, Temple Israel Accounting Manager, to discuss an extended payment plan. 980-960-2384 or bpaterek@templeisraelinc.org <input type="checkbox"/> I will contact Monty Bennett, Temple Israel Membership Director regarding the financial assistance application process. 980-960-2380 or mbennett@templeisraelinc.org



5779 / 2018-19 TEMPLE ISRAEL RELIGIOUS SCHOOL (TIRS) & YOUTH GROUP REGISTRATION FORM
REGISTRATION DEADLINE IS JUNE 30, 2018



Shalom! We are excited for the 2018-19 school year. Please fill out this registration form and return by **June 30, 2018**.

*All students in Gan (Kindergarten) – Kitah Zayin (7th grade) attend on **Sunday morning (9:30am -12:05pm)**.

*Students in Kitah Gimel (3rd grade) – Kitah Zayin (7th grade) chose **ONE** weekday session to attend:

***Tuesdays from 4:45-6:15pm or *Wednesdays from 5:15-6:45pm.**

*Weekday session selections & classmate requests are guaranteed **only if** forms are received no later than June 30, 2018.

***Enrollment in TI Youth Groups is included on page 3.**

*We offer a multi-child discount of \$75 per child (after your first child). This amount will be deducted from your tuition **IF REGISTRATION IS RECEIVED BY THE DEADLINE (JUNE 30, 2018). Any registrations received after July 31, 2018, will not receive the discount.**

Did you know... Temple Israel provides a generous subsidy to ensure that every child in our congregation receives a religious school education? Your tuition fee covers only 30% of the true cost per-child (including overhead costs such as rent, utilities and security), but Temple Israel's leadership supports our school by covering the difference between tuition and cost in the annual operating budget.

I understand Temple Israel membership is required for students to attend the religious school. I have returned my Temple membership form*. _____ (Please initial)

*For information about financial assistance for Temple Israel membership, please contact Monty Bennett at: **mbennett@templeisraelinc.org or 980-960-2380.**

PARENT TEACHER ORGANIZATION (PTO)

The PTO provides snacks on Sundays to ensure that the food is both kosher and allergy-safe. The PTO also covers teacher and madrichim gifts and other classroom needs. We suggest a contribution of **\$36 per family** to fund these items.

I will contribute **\$36.00** to the TIRS PTO.

I will contribute **\$72.00** to cover both my family and a family who cannot make this contribution.

Please charge my credit card (MUST COMPLETE ENCLOSED CREDIT CARD FORM). I understand that this is a one-time charge that is separate from tuition.

I have enclosed a check payable to TIRS PTO.

TIRS DIRECTORY

TIRS will distribute (via email) a directory of class lists and family contact information. If you DO NOT wish to have your contact information included, please check below and only your name will be listed.

I DO NOT want my contact information listed in the TIRS directory.

TIKVAH CHARLOTTE

Tikvah Charlotte is a joint special needs religious school program between Temple Israel, Temple Beth El and The Consolidated Hebrew High School of Jewish Studies. The program provides individual and group learning in Hebrew and Judaic Studies and is geared for students who have difficulties in attending mainstream classes. Students with language challenges may attend Tikvah Charlotte for Hebrew only and attend Judaic studies classes at Temple Israel Religious School.

I would like more information about Tikvah Charlotte

PLEASE COMPLETE ALL FIELDS: New Family to TIRS Returning TIRS Family

Parent 1 Name: _____ Married Single Divorced

Address: _____

Phone: Home: _____ Cell: _____ Work: _____

E-mail: _____ Neighborhood: _____

Parent 2 Name: _____ Married Single Divorced

Address: _____

Phone: Home: _____ Cell: _____ Work: _____

E-mail: _____ Neighborhood: _____

Student's First and Last Name	Student's Hebrew Name	Date of Birth	TIRS Grade for 2018-19	Secular School for 2018-19	Weekday Selection	
					3 rd – 7 th CHOOSE ONE Tue. 4:45-6:15pm	Wed. 5:15-6:45pm

***SUNDAY HEBREW OPTION** – The Sunday Hebrew one hour intensive class is only available for students in 3rd – 7th grade who live 20 miles or further from Shalom Park. Class takes place on Sunday from 12:30 – 1:35pm.

I meet the requirements for this option and would like my child(ren) to attend on Sunday.

Check Option(s)	Religious School Class	Grade	Cost	Number of Students	Total Cost
	Gan – Bet	K-2 nd	\$775		
	Gimel - Zayin	3 rd – 7 th	\$850		
Multi-child discount, if applicable (Deduct \$75 per child after 1 st child)					-\$
Total Cost After Discount					\$
Deposit Amount (25% of Total)					\$

FRIEND REQUEST

Please list **ONE** friend that you would like for your child(ren) to be placed with in class. This request **MUST** be received by **June 30, 2018** to be considered.

Student #1: _____ Friend Request: _____

Student #2: _____ Friend Request: _____

Student #3: _____ Friend Request: _____

DISMISSAL (CARPOOL)

Please select your carpool preference from the options below. We ask there be no changes to carpool after **Sept. 30, 2018**.

_____ I would like to pick up my child(ren) through the **FRONT CARPOOL**.

_____ I would like to pick up my child(ren) through the **BACK WALK-UP DISMISSAL**.

I also give permission for the following people to pick up my child(ren): _____

TEMPLE ISRAEL YOUTH GROUPS (3rd-7th Graders)

All 3rd-7th grade students in TIRS get **FREE** membership to TI Youth Groups. This has been generously funded by Temple Israel's Stuart F. Ostrow Youth Fund.

MAHAR is our youth group for 3rd, 4th & 5th graders. Activities include movie nights, bowling, ice skating and more!

BONIM KADIMA is our youth group for 6th & 7th graders. Activities range from social programs to overnights and sports events. **BONIM KADIMA** also offers a Leadership Council open to any 6th & 7th graders looking for new leadership opportunities to help plan youth group events.

YES! Please enroll my child(ren) in: _____ Number in **MAHAR** _____ Number in **BONIM KADIMA**

YES! I would like to make an optional donation of (**\$36 suggested**) \$_____ to Temple Israel's Stuart F. Ostrow Youth Fund to help ensure that all children may attend events & continue to receive **FREE** youth group membership.

Please **charge my credit card (MUST COMPLETE ENCLOSED CREDIT CARD FORM)**. I understand that **this is a one-time charge that is separate from tuition**.

I have enclosed a **check payable to Temple Israel**.

Youth Group Code of Conduct (Standard of Behavior) – Please review with your child(ren) prior to signing.

1. Alcohol, Drugs, and Smoking are not permitted (meaning possession and/or ingestion)
2. Children must stay in the designated area at all times.
3. Children must respect others and their property.
4. Children must abide by the rules of Shabbat and Kashrut.

I am aware that there is a certain standard of behavior expected when participating in a program or activity that bears Temple Israel's name, or is a continuation of such a program or activity. Therefore, I agree to this Code of Conduct. I also agree that any violation of said rules will result in the immediate notification of my parent(s). Finally, I agree that if any inappropriate behavior persists, this could result in my suspension from the youth program.

Signature of Youth(s) _____ Date: _____

Signature of Parent/Guardian _____ Date: _____

MEDICAL TREATMENT INFORMATION

Physician's Name: _____ Phone: _____

Insurance Carrier: _____ Policy # _____

1. Does your child have any allergies or food allergies? Please list:

Name of Child: _____ Allergy: _____

Name of Child: _____ Allergy: _____

2. Is it necessary to keep emergency medication in the office? _____ Yes _____ No
If yes, what medicine and how is it administered? (attach additional sheets if necessary)

3. Do(es) your child(ren) have an IEP on file at school? _____ Yes _____ No
If yes, please provide additional details (attach additional sheets if necessary):

4. Are there specific things we can do to help your child(ren) be successful at religious school? (attach additional sheets if necessary)