**Part One: Parent Information & Emergency Contacts**

|  |  |
| --- | --- |
| Parent 1 | Parent 2 |
| Name: | Name: |
| Email: | Email: |
| Phone:  □ Mobile □Work □Home □Other | Phone:  □ Mobile □Work □Home □Other |
| Phone:  □ Mobile □Work □Home □Other | Phone:  □ Mobile □Work □Home □Other |
| Phone:  □ Mobile □Work □Home □Other | Phone:  □ Mobile □Work □Home □Other |
| Address □ Children’s Primary Address | Address □ Children’s Primary Address □ Same as Parent 1 |

|  |  |
| --- | --- |
| Emergency Contacts | |
| In the event of an emergency, every effort will be made to contact the parents. Please provide additional emergency contacts if a parent is unreachable.  In case of emergency, do you give your permission to the Director of Education, Rabbi, Teacher or other appropriate person to call your doctor/dentist and/or take your child to the hospital to receive necessary emergency treatment? 🞏Yes 🞏No  **Parent’s Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_ | |
| Name: | Name: |
| Email: | Email: |
| Phone:  □ Mobile □Work □Home □Other | Phone:  □ Mobile □Work □Home □Other |
| Phone:  □ Mobile □Work □Home □Other | Phone:  □ Mobile □Work □Home □Other |
| Family Doctors/Dentist | |
| Primary Doctor: | Primary Dentist |
| Phone: | Phone: |
| May we contact your child’s doctor/dentist if necessary? □ Yes □ No | |

**Part Two: Student Information**

**Medical Information**

|  |
| --- |
| Student 1 |
| Name: |
| Food Allergies: □ None |
| Other Allergies: □ None |
| Medications: □ None |
| Medical Conditions: □ None |
| Other Info: |
| Student 2 |
| Name: |
| Food Allergies: □ None |
| Other Allergies: □ None |
| Medications: □ None |
| Medical Conditions: □ None |
| Other Info: |
| Student 3 |
| Name: |
| Food Allergies: □ None |
| Other Allergies: □ None |
| Medications: □ None |
| Medical Conditions: □ None |
| Other Info: |
| Student 4 |
| Name: |
| Food Allergies: □ None |
| Other Allergies: □ None |
| Medications: □ None |
| Medical Conditions: □ None |
| Other Info: |

**Educational Information**

|  |
| --- |
| Student 1 |
| Name: |
| Hebrew Name: |
| Birthdate: |
| Secular School: |
| Secular Grade: |
| Hebrew School Grade: |
| Student 2 |
| Name: |
| Hebrew Name: |
| Birthdate: |
| Secular School: |
| Secular Grade: |
| Hebrew School Grade: |
| Student 3 |
| Name: |
| Hebrew Name: |
| Birthdate: |
| Secular School: |
| Secular Grade: |
| Hebrew School Grade: |
| Student 4 |
| Name: |
| Hebrew Name: |
| Birthdate: |
| Secular School: |
| Secular Grade: |
| Hebrew School Grade: |

**Learning Profile**

|  |  |
| --- | --- |
| Student 1 | |
| Name: | |
| Does your child have any special learning needs?  □ Yes □ No | Does your child have an IEP?  □ Yes □ No |
| If yes, please explain: | If yes, are you willing to share it with us?  □ Yes □ No |
| Does your child receive any special services for secular school, such as special education classes, resource room pullout program, or other services? 🞏Yes 🞏No  If yes, please explain: | |
| Is there anything else you would like us to know about your child (subjects that he/she particularly likes or dislikes, special interests or hobbies, areas of strength or weakness, significant changes in school or at home that your child has experienced in the past, etc.)? If yes, please explain: | |
| Student 2 | |
| Name: | |
| Does your child have any special learning needs?  □ Yes □ No | Does your child have an IEP?  □ Yes □ No |
| If yes, please explain: | If yes, are you willing to share it with us?  □ Yes □ No |
| Does your child receive any special services for secular school, such as special education classes, resource room pullout program, or other services? 🞏Yes 🞏No  If yes, please explain: | |
| Is there anything else you would like us to know about your child (subjects that he/she particularly likes or dislikes, special interests or hobbies, areas of strength or weakness, significant changes in school or at home that your child has experienced in the past, etc.)? If yes, please explain: | |

|  |  |
| --- | --- |
| Student 3 | |
| Name: | |
| Does your child have any special learning needs?  □ Yes □ No | Does your child have an IEP?  □ Yes □ No |
| If yes, please explain: | If yes, are you willing to share it with us?  □ Yes □ No |
| Does your child receive any special services for secular school, such as special education classes, resource room pullout program, or other services? 🞏Yes 🞏No  If yes, please explain: | |
| Is there anything else you would like us to know about your child (subjects that he/she particularly likes or dislikes, special interests or hobbies, areas of strength or weakness, significant changes in school or at home that your child has experienced in the past, etc.)? If yes, please explain: | |
| Student 4 | |
| Name: | |
| Does your child have any special learning needs?  □ Yes □ No | Does your child have an IEP?  □ Yes □ No |
| If yes, please explain: | If yes, are you willing to share it with us?  □ Yes □ No |
| Does your child receive any special services for secular school, such as special education classes, resource room pullout program, or other services? 🞏Yes 🞏No  If yes, please explain: | |
| Is there anything else you would like us to know about your child (subjects that he/she particularly likes or dislikes, special interests or hobbies, areas of strength or weakness, significant changes in school or at home that your child has experienced in the past, etc.)? If yes, please explain: | |

**Family Profile**

|  |
| --- |
| **Your Family’s Expectations and Goals** |
| What particular programs would you, as parent(s), like your child(ren) to experience?    What would your child(ren) like to gain from their Hebrew School experience? |
| □ I give permission for my child’s photograph or video image to be published in any form of media, via print or electronic (e.g. video, internet, synagogue web site)  □ I DO NOT give permission for my child’s photograph or video image to be published in any form of media, via print or electronic (e.g. video, internet, synagogue web site) |

|  |  |
| --- | --- |
| Parent Volunteer | |
| Part of the CBS Hebrew School experience is making the Hebrew School a kehillah kedosha, a holy community. ***We ask that you sign up to participate in at least two of the following volunteer activities.*** | |
| Parent 1 | Parent 2 |
| I am interested in (please check all that apply):  □ The Parent Teacher Activities Committee  □ Being a Shabbat Buddy  □ Setting up/Clearing up at the Model Seder  □ Setting up/Clearing up at the Charoset Contest  □ Setting up/Clearing up on HS on Shabbat  □ Setting up/Clearing up at the Tu B’Shvat Seder  □ Fund-raising  □ Tutoring a student in Hebrew  □ Screen Sharing for School Wide Zoom Events  □ Zoom waiting room monitoring for school wide events  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you have any other hobbies, special interests, or skills you would like to contribute? | I am interested in (please check all that apply):  □ The Parent Teacher Activities Committee  □ Being a Shabbat Buddy  □ Setting up/Clearing up at the Model Seder  □ Setting up/Clearing up at the Charoset Contest  □ Setting up/Clearing up on HS on Shabbat  □ Setting up/Clearing up at the Tu B’Shvat Seder  □ Fund-raising  □ Tutoring a student in Hebrew  □ Screen Sharing for School Wide Zoom Events □ Zoom waiting room monitoring for school wide events  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you have any other hobbies, special interests, or skills you would like to contribute? |

|  |  |
| --- | --- |
| Information Verification | |
| I have read and updated the complete registration form. All of the above information is accurate. | |
| Signature | Date |

**Shalom Corps**

***Jewish teenagers rebuilding the world…Hands on, limits off, fun all-around.***

Shalom Corps is an educational, social, and community service youth experience for students in 7th grade through 10th grade. It is advanced Jewish learning that is relevant to the world in which our teenagers live. Every Shalom Corps meeting will include creative teaching techniques, community involvement, and the opportunity to deepen Jewish friendships.

Shalom Corps:

* Provides a way for post-b’nei mitzvah teens to remain part of the synagogue community
* Engages our synagogue youth in educational opportunities that are thoughtful, interactive, and fun
* Establishes an energetic and active youth group and a pathway for teens to thrive in other social youth programming like BBYO and C-Teen
* Allows participants to qualify for recognition as a confirmand

Shalom Corps sessions will be an hour and 45 minutes two Sundays per month (10am-11:45am), with occasional additional sessions for special programs. We include a meal or snack that may be appropriately matched with the topic. Students may be studying three or four topic areas over the course of the year. Students are eligible for Shalom Corps beginning in 7th grade. Hebrew school ozrim will be able to participate in Shalom Corps when the session takes place Sunday morning.

Tuition for Shalom Corps includes the instructor’s salary, food, Shalom Corps tee shirt, and teaching materials.

**Participation in Shalom Corps is required as part of preparation for a student’s bar or bat mitzvah.**

**Tuition/Fee Schedule and Remittance Form 2020-2021/5781**

***(Please see next page for grade-by-grade fees)***

The next pages list the Tuition Fees at Congregation Beth Shalom for our growing Hebrew School for 2020/2021 5781. Included in the fee for each child are the cost of books, supplies, and a myriad of programs in which our children participate throughout the year. The fee does not include field trips and kiddushes/onegs/dinners for each class. The following is a list indicating the activities this fee covers: daily snack, Tu B’Shevat foods and supplies, Charoset tasting supplies, Model Passover Seder supplies, Lag B’Omer treats, festive treats for holiday parties. **Note: Parents may purchase additional textbooks to use at home. Contact Cantor Elisa for more information.**

|  |  |  |
| --- | --- | --- |
| Grade | Sundays | Tuesday |
| Halutzim (Pre-K) | 9:00 – 12:15 |  |
| Gan (Kindergarten) | 9:00 – 12:15 |  |
| Aleph (1st Grade) | 9:00 – 12:15 |  |
| Kitah Bet – Kitah Hey (2nd – 5th) | 9:00 – 12:15 | 4:00 – 6:15 |
| Kitah Vav (6th) | 9:00 – 12:15 | 4:00 – 6:15 |

**The full tuition rate does not even cover the actual cost of each child’s enrollment in our programs, and is heavily subsidized by the rest of the congregation.**  We hope you realize this is a tremendous bargain and that you will pay the full rate if you are able to do so.

**This year we will offer an early bird discount on tuition charges if paid in full by check by July 31, 2020. If you are unable to pay the full tuition, please contact Matthia to discuss alternate arrangements at 302-654-4462.**

**Families of students grades Gan to Shalom Corps must be members of Congregation Beth Shalom.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child(ren)** | **Grade Level** | **Days Per Week** | **Early Bird Fee**  **(by 7/31/18)** | **Fee** | **Sub-Total** |
|  | **Halutzim**  3, 4, & 5 year olds | Sundays only (9:00 – 12:15) | **$950** | **$1000** | $ |
|  | **Kindergarten**  (Gan) | Sundays only (9-12:15) | **$1110** | **$1160** | $ |
|  | **1st Grade**  (Aleph) | Sundays only (9-12:15) | **$1110** | **$1160** | $ |
|  | **2nd Grade**  (Bet) | Sundays & Tuesdays | **$1630** | **$1680** | $ |
|  | **3rd Grade**  (Gimmel) | Sundays & Tuesdays | **$1630** | **$1680** | $ |
|  | **4th Grade**  (Dalet) | Sundays & Tuesdays | **$1630** | **$1680** | $ |
|  | **5th Grade**  (Hey) | Sundays & Tuesdays | **$1630** | **$1680** | $ |
|  | **6th Grade** (Vav) | Sundays & Tuesdays | **$1630** | **$1680** | $ |
|  | **7th – 10th Grade**  (Shalom Corps) | 2 Sundays per month | **$750** | **$825** | $ |
| Please consider donating to our Scholarship fund to allow those who cannot afford tuition to attend our Hebrew School this year. Thank you so much. | | | | Hebrew School Scholarship Fund | $ |
|  | | | | ***Total*** | $ |

**Please make checks payable to Congregation Beth Shalom**.

Registration will not be processed without full payment or arrangements for payment.

Please pay in full or contact the Director of Administration (302-654-4462) for alternative payment arrangements.

For credit card payments, please contact Matthia McCracken, [mmccracken@cbswilmde.org](mailto:mmccracken@cbswilmde.org) or 302-654-4462 x16