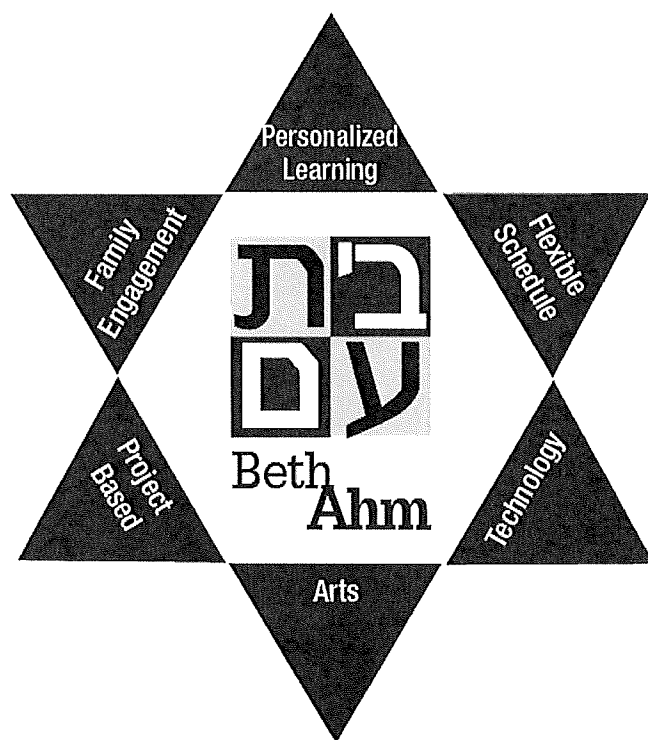


**Natalie & Manny (z'l) Charach Religious School
Congregation Beth Ahm**



Enrollment and curriculum information



Congregation Beth Ahm

5075 West Maple Road, West Bloomfield, MI 48334

Phone: (248) 851-6880 Fax: (248) 851-6488

www.cbahm.org

Dear Parents,

Enclosed are the religious school registration materials for the upcoming school year. I hope that you will take advantage of the unique learning opportunities offered by our Natalie and Manny (z'l) Charach Religious School.

Weekday sessions are designed to provide you with flexibility – both schedule and curriculum. You identify the day(s) and time(s) that are best for your schedule. Your family will be assigned a 45-minute weekday session to work one-on-one with a teacher. Your student(s) will increase their Hebrew reading skills and learn about Jewish topics that you help to select with the teacher.

On Shabbat, the students will meet at Beth Ahm for learning, prayers, and Shabbat celebration. They will meet in groups for part of the morning and, also, as their own mini-congregation for Tefilla (prayer). We'll conclude in the sanctuary on the bimah and everyone is invited to stay for lunch.

To enroll your child(ren), please complete the attached forms and return them to the Beth Ahm office. Tuition assistance is available. If you need tuition assistance, please complete the enclosed form. No child will be denied a Jewish education because of financial need.

I hope that you will take advantage of this special learning opportunity. Please feel free to call or email me with questions about our religious school. My contact information is 248-851-6880 or ravsteven@cbahm.org.

B'shalom,

Rabbi Steven Rubenstein



Congregation Beth Ahm

5075 West Maple Road, West Bloomfield, MI 48322

Phone: 248-851-6880

www.cbahm.org

NATALIE & MANNY(z'I) CHARACH RELIGIOUS SCHOOL

GRADE	CHILD'S NAME	CHILD'S HEBREW NAME	PARENTS' HEBREW NAMES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For families with students in 3rd - 8th grade, please identify 3 time slots, in order of preference, for your family learning session. The school staff will do its best to schedule based on a first come, first served basis. The identified time will be effective for the entire school year.

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>
_____ 3:30pm – 4:15pm	_____ 3:30pm – 4:15pm	_____ 3:30pm – 4:15pm	_____ 3:30pm – 4:15pm
_____ 4:30pm – 5:15pm	_____ 4:30pm – 5:15pm	_____ 4:30pm – 5:15pm	_____ 4:30pm – 5:15pm
_____ 5:30pm – 6:15pm	_____ 5:30pm – 6:15pm	_____ 5:30pm – 6:15pm	_____ 5:30pm – 6:15pm
_____ 6:30pm – 7:15pm	_____ 6:30pm – 7:15pm	_____ 6:30pm – 7:15pm	_____ 6:30pm – 7:15pm

Parent 1/Guardian Name _____

Address: _____

Phone: Home (____) _____ Cell (____) _____ Work (____) _____

Parent 1/Guardian Email Address _____

Parent 2/Guardian Name _____

Address: _____

Phone: Home (____) _____ Cell (____) _____ Work (____) _____

Parent 2/Guardian Email Address _____

Child lives with: Both Parents ____ Father ____ Mother ____ Guardian(s) ____

Is non-custodial parent to receive mailings? Yes ____ No ____

Is non-custodial parent to receive e-mails? Yes ____ No ____

☐ I give permission for my child to be transported in a vehicle and/or participate in field trips. I give permission for my child/children to appear in any pictures or videos for Congregation Beth Ahm, including promotional materials on the Beth Ahm website.

In my absence, I give permission to the following adults to pick up/release my child from Beth Ahm:

Name _____ Phone Number _____

Signature of Parent/Guardian _____ Date _____

**Congregation Beth Ahm
Natalie & Manny (z'l) Charach Religious School
Tuition Schedule**

Grade	Days	Times	Fall Semester	Winter/Spring Semester
K - 2	Weekend	Weekend: 10:00am - noon	Free	\$300
3 - 8	Weekday & Weekends	Weekday: Selected time Weekend: 10:00am - noon	Free	\$600

Tuition Calculator

Number of children K – 2nd grade _____ X \$300 per student \$ _____

Number of children 3 - 8 grade _____ X \$600 per student \$ _____

Non-member fee _____ X \$300 per student \$ _____

Total Tuition..... \$ _____

\$150 deposit per child (Number of Children x \$150) = -- \$ _____
(Must be returned with registration)

Total Remaining Balance (due before January 1)..... \$ _____

Are you applying for a scholarship assistance? Yes ☐ No ☐

*If you checked YES, please complete enclosed scholarship form and return with religious school registration.
Any money granted through scholarship will be deducted from your total remaining balance and will not replace a payment.
Scholarship assistance will be granted on a first come, first serve basis with synagogue members receiving priority.*

TERMS OF ENROLLMENT

Any outstanding balance from the past school year must be paid before school registration can be processed. If you have questions, please call the Beth Ahm Executive Director, David Goodman at (248) 851-6880.

A non-refundable deposit of \$150 per student is required at the time of registration.

For more information about becoming part of the synagogue family, please call the Beth Ahm Executive Director, David Goodman at (248) 851-6880.

PARENT(S) or GUARDIAN(S) SIGNATURE: _____ DATE: _____

Request for Scholarship Assistance

STUDENT INFORMATION

Please list all of the students whom you wish to apply for financial assistance:

1. Student's Name _____ Age _____ Grade _____
2. Student's Name _____ Age _____ Grade _____
3. Student's Name _____ Age _____ Grade _____
4. Student's Name _____ Age _____ Grade _____

FAMILY INFORMATION

Parent 1 Name _____

Address _____

Home Phone _____ Work _____ Cell _____

Parent 2 Name _____

Address _____

Home Phone _____ Work _____ Cell _____

REASON FOR REQUEST

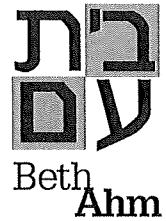
Please explain why you are applying for a scholarship. This might include unusual expenses you have had in the past year, or expect in this year, significant changes in income, illness, housing or employment difficulties, debt, etc.

VERIFICATION

I/We affirm that the information given is truthful, complete and correct.

Signature of Parent or Legal Guardian

Date



**Congregation Beth Ahm
Natalie & Manny (z'l) Charach Religious School
Health History and Medical Information Form**

This information is gathered to assist in emergency situations. Please understand, the more information we have the better able we are to ensure a safe and healthy school. This form is to be completed by a parent/guardian. We are required to obtain this information every year. **Please fill out one (1) health history/medical information form per child. Do not put multiple children on the same form.** Thank you for your cooperation.

Date: _____

Student Name

Last _____ First _____
Middle _____

Gender: M F Other (specify pronoun: _____) **Birth Date** _____

Parent/Guardian _____

Home Phone _____ Work Phone _____
Cell Phone _____ Pager _____

Parent/Guardian _____

Home Phone _____ Work Phone _____
Cell Phone _____ Pager _____

Name of Person(s) to whom child may be released:

EMERGENCY CONTACT INFORMATION

If Parent(s)/Guardian(s) are not available in an emergency, please contact:

Name _____

Relationship _____

Home Phone _____ Work Phone _____

Cell Phone _____ Pager _____

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier/plan name _____

Group # _____ Policy # _____

Carrier Address _____

Claims/Phone Authorization # _____

Name of Insured _____

Relationship to Student _____

IMPORTANT – Pages 2 and 3 must be completed in full for enrollment

This health history is correct and complete as far as I know. My child has permission to engage in all school activities except as noted. I hereby give permission to the school to provide routine first aid (band-aids etc.) and to seek emergency medical treatment should it become necessary. I am aware that Congregation Beth Ahm will not provide my child prescribed medications. I agree to the release of any records necessary for insurance purposes. I give permission to the school to arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician/health care provider selected by the school to secure and administer treatment, including hospitalization, for my child. This completed form may be photocopied for school sponsored trips.

I certify that my child is immunized per the standards of the State of Michigan Department of Health and Human Services. If discovered my child's immunization record is not complete or up-to-date, I understand my child's continued participation in the school will be impacted up to and including disenrollment from the school.

Signature of Parent/Guardian _____
Printed Name _____ **Date** _____

ALLERGIES - *Please describe reaction and management of the reaction.*

MEDICATION (e.g. penicillin, sulfa, amoxicillin etc.)

FOOD (e.g. nuts, wheat, eggs, etc.):

OTHER (e.g. Hay Fever, Insect stings, dust, mold, etc.):

HEALTH HISTORY

The following information must be filled in by the parent/guardian. The intent of this information is to provide school personnel with the background to provide appropriate care. More and more people are availing themselves of the service of psychiatrists, psychologists, social workers and counselors to address mental health. It is therefore necessary that a candid description of past, present and potential difficulties be honestly described for the confidential use of the professional staff, to enable us to intelligently and sensitively work with your child should any problems arise. At the discretion of the Head of School, the information on this form will be shared with your child's teacher(s) and anyone else the Head of School deems appropriate. If you do not want certain information shared, please indicate so.

GENERAL QUESTIONS – Please indicate if the student currently has or has had the following medical conditions.

Medical condition	Yes	No
Any recent injury, illness or infectious disease		
Chronic or recurring illness/condition		
Wear glasses, contacts or protective eye wear		
Hearing difficulty or ear problems		
Chronic nosebleeds or nose problems		
Seizures/convulsions		
Back problems		
Treatment for drug/alcohol abuse		
An orthodontic appliance being brought to school		
Diabetes		
Asthma		
Emotional difficulties for which professional help was sought		
Diagnosed with ADD or ADHD		
Learning difficulties or speech difficulties		

Please explain any "yes" answers, noting the number of the question being addressed.

____ To provide your child with the best possible educational experience, please indicate if your child has an IEP (individualized educational plan) in their primary school. Please attach a copy of the current IEP so that you child's religious school teacher can be aware of and be consistent with the strategies being used in your child's primary school.