



Congregation Beth Israel

Welcome. Engage. Inspire. Grow.

May, 2019

Dear Parents and Community Members,

We are excited to announce that registration is open for the 2019-2020 Rimon Religious School. Housed at Congregation Beth Israel, Rimon seeks to bring Jewish learning alive with a hands-on, discovery-oriented experience that centers on the child, engages the family, and treasures the community. Our vision is for children to question, learn, and grow, creating a vibrant Jewish identity and future arising from the love and knowledge of our rituals, history, and tradition.

Our school is open to students in Kindergarten through High School. New this year, we are revising our meeting times to better accommodate the needs of families' differing schedules.

- Pre-kindergarten: Monthly 9:45- 10:45
- Kindergarten and Grade 1: Every Shabbat 9:30 am to 12:00 pm.
- Grades 2-7: Wednesdays from 4:15-6:15 pm, and Shabbat mornings from 9:30 am to 12:00 pm.
- Grades 2-4: Hebrew Tutoring at Mutually Agreeable Time
- Grades 5-8, Hebrew and Pre Bar/Bat Mitzvah Learning: Monday evenings from 4:15 pm to 6:00 pm
- Teen Madrichim Program for Post B'Nai Mitzvah students, working and learning on Wednesdays from 4:15-6:15 pm, and Shabbat mornings from 9:30 am to 12:00 pm.

Enclosed in the packet are the registration forms, pricing and payment information, and the school calendar. School will begin on September 14, 2019. A preliminary calendar is attached.

Please complete and return the forms as soon as possible as the information will help us plan for this coming year. We invite you to share this information with others; the school is open to all Jewish families in the Central Massachusetts area.

B'vracha (with blessings),

Rabbi Aviva Fellman

School Director Dale Rosenberg

Congregation Beth Israel



In the Jewish tradition, the 'rimon' - Hebrew for 'pomegranate' - is a symbol of goodness and a blossoming future. A pomegranate is said to contain 613 seeds corresponding to the 613 commandments in the Torah.

Forms to Return:

Student Registration
(one per child)

School Payment Form

\$100 per child
non-refundable deposit

**RIMON RELIGIOUS SCHOOL
REGISTRATION
2019-2020 5780**



Registration forms can be downloaded and completed, then scanned and emailed to: rimon@bethisraelworc.org. Forms can also be mailed or faxed to: Congregation Beth Israel, 15 Jamesbury Drive, Worcester, MA 01609. FAX (508)757-6650. If you have any questions, please contact School Director Dale Rosenberg dale.roseberg@bethisraelworc.org, or Rabbi Aviva Fellman rabbi@bethisraelworc.org, both at (508) 756-6204.

Student #1 Information

Last name: _____ First name: _____ MI _____

Date of Birth: _____ Hebrew Name: _____

Name of Secular School: _____ Town: _____

School Phone Number: _____ Grade (as of September 2019): _____

Student #2 Information

Last name: _____ First name: _____ MI _____

Date of Birth: _____ Hebrew Name: _____

Name of Secular School: _____ Town: _____

School Phone Number: _____ Grade (as of September 2019): _____

General Family Information

Please fill out all sections that apply to your child.

1) Parent's/Guardian's Name (and relationship to child) _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____

2) Parent's/Guardian's Name (and relationship to child) _____

Address (check if same as above) _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____

Other children in the household (name and age): _____

If parents do not reside at the same address, with which parent does the student(s) reside? _____

Please indicate synagogue affiliation, if any: _____

Emergency contact person to be called in the event that the parent(s) / guardian(s) cannot be reached:

Name _____ Phone _____
(Be sure this person knows that you have put his/her name on this form and that he/she is generally available.)

Relationship: _____

Our organization thrives with its volunteers. I would be interested in helping with:

___ Volunteering in the school

___ Family education programs

___ Holiday activities

___ Anything else _____

Parent's Signature/Date _____

Student #1 Medical Information

Does your child have any medical concerns? Allergies? Food restrictions? If, yes, please list and explain.

Family Physician's Name _____ Phone _____

Yes No In the event of an emergency, if I can't be reached, I give permission to Congregation Beth Israel to transport my child to the nearest appropriate emergency room.

Yes No I affirm that my child meets all requirements for Massachusetts school immunizations, specifically for DTaP/Tdap, polio, MMR, Hepatitis B, and Varicella vaccines
**If you check no, please provide evidence of medical or religious exemption directly to the Director.*

Picture Release

There may be times when we take pictures or videos of events and activities at Rimon that we would like to share. Please indicate preference for including your child in the pictures that are distributed.

Yes No I hereby give permission for photos of my child to be used in print and/or electronically. All promotional photos will be reviewed by the school administrator prior to use.

Additional Student Information

Please summarize any formal or informal Jewish learning your child has had since pre-school.

How does your child learn best?

Is there any additional information about your child or family that would be helpful for us to know?

_____ Check here if you want to discuss educational accommodations for your child

Student #2 Medical Information

Does your child have any medical concerns? Allergies? Food restrictions? If, yes, please list and explain.

Family Physician's Name _____ Phone _____

Yes No In the event of an emergency, if I can't be reached, I give permission to Congregation Beth Israel to transport my child to the nearest appropriate emergency room.

Yes No I affirm that my child meets all requirements for Massachusetts school immunizations, specifically for DTaP/Tdap, polio, MMR, Hepatitis B, and Varicella vaccines
**If you check no, please provide evidence of medical or religious exemption directly to the Director.*

Picture Release

There may be times when we take pictures or videos of events and activities at Rimon that we would like to share. Please indicate preference for including your child in the pictures that are distributed.

Yes No I hereby give permission for photos of my child to be used in print and/or electronically. All promotional photos will be reviewed by the school administrator prior to use.

Additional Student Information

Please summarize any formal or informal Jewish learning your child has had since pre-school.

How does your child learn best?

Is there any additional information about your child or family that would be helpful for us to know?

Check here if you want to discuss educational accommodations for your child

RIMON RELIGIOUS SCHOOL TUITION



		Beth Israel Member	Non-Member
Kindergarten/Grade 1	Shabbat/Weekly	\$250	\$350
Grades 2-8	Wednesdays and Shabbat/Weekly/Plus Hebrew Tutoring	\$525	\$625
Grades 5-8, Supplemental Hebrew and pre-bar/bat mitzvah class	Mondays/Weekly	\$125	\$175
Supplemental Learning Grades 6-High School (BI BITE Program)	TBA	\$125	\$175

**Teen Madrichim Program: Eligible students will participate in the classroom as leaders and learners during Rimon Wednesday and Shabbat class meeting times. Compensation available. See handout for details.*

Students whose families belong to BI may be eligible for scholarships. Are you not a BI member yet?

Contact Caroline Aboody at (508) 756-6204 or caroline.aboody@bethisraelworc.org.

A \$100 per child non-refundable deposit, which will be applied to your child's tuition, must be received at the time of registration in order for your child to be added to a class list. The remaining tuition may be remitted in one payment or three equal installments by check or credit card (\$2.00 service fee for each credit card transaction). All fees are per-student.

ALL SCHOOL FEES MUST BE PAID IN FULL BY DECEMBER 1, 2019.

Number of K/grade 1 students _____ X _____ (fee) = \$ _____

Number of grade 2-8 students _____ X _____ (fee) = \$ _____

Number of supplemental learning _____ X _____ (fee) = \$ _____
(Grades 5-8, ages 10+)

Number of supplemental learning _____ X _____ (fee) = \$ _____
(BI BITE Session, fee per student, details TBD)

Total amount \$ _____

Payment Options:

Please indicate your payment choice:

___ (A) One-time payment – Full amount due by August 31

___ (B) Three equal installments (August 31, October 31, December 1)

Checks should be made out to Congregation Beth Israel.

Credit Card Information

Credit Card #: _____ Expiration Date _____ Security Code _____

Name on card _____

Parent signature _____ Date _____