

## 2019-2020 RELIGIOUS SCHOOL REGISTRATION

Student Name (first, middle, last)	Hebrew Name	Birthdate	Religious School Grade: Sept. 2019	Secular School & Grade Sept. 2019	Place class ID Letter for each child from class list below:
1.					
2.					
3.					

**Photo Opt-Out:** If you DO NOT wish your child(ren)'s picture to appear as part of a group in the Temple Sinai Sentry and/or The Jewish Standard please indicate here

### CLASS IDENTIFICATION (ID) LETTER:

#### Grades K-3

A  Sunday (9:30 am-11:30 am)

#### Grades 6

C  Sunday (9:30 am-11:30 am)  
Tuesday (3:45 pm-5:45 pm) *or*

#### Grades 7-8

E  Grade 7 - Tuesday (6:00 pm - 7:30 pm)  
F  Grade 8 - Teen Foundation/Jewish Explorations

#### Grades 4-5

C  Sunday (9:30 am-11:30 am)  
Tuesday (3:45 pm-5:45 pm)

D  Sunday (9:30 am-11:30 am)  
Wednesday (3:45 pm-5:45 pm)

NAME OF PARENT 1 OR GUARDIAN 1

ADDRESS

HOME PHONE

CELL PHONE

WORK PHONE

EMPLOYER

EMAIL

NAME OF PARENT 2 OR GUARDIAN 2

ADDRESS

HOME PHONE

CELL PHONE

WORK PHONE

EMPLOYER

EMAIL

With whom does student reside?  Both Parents  Parent 1/Guardian 1  Parent 2/Guardian 2  Other

### RELIGIOUS SCHOOL TUITION: *(Please check all appropriate categories.)*

<input type="checkbox"/> Grades K-2 (For only or oldest child)	Shalom K-2 Membership at \$1,150 applies; no additional tuition charge	<input type="checkbox"/> Grades K-2 For 2 <sup>nd</sup> or add'l child	\$845
<input type="checkbox"/> Grade 3 (includes Shabbat Class dinner)	\$895	<input type="checkbox"/> Grades 4-6 (includes Shabbat Class dinner)	\$1,350
<input type="checkbox"/> Grade 7 (includes weekly dinner)	\$1,250		
<input type="checkbox"/> Grade 8 - Teen Foundation/Jewish Explorations	\$613 (Description of class attached)		

I understand this is a contract and I agree to the terms below for payment

Parent/Guardian Signature:

Date:

- \* Tuition must be paid in full prior to the first day of Religious School.
- \* Methods for payment include checks, direct withdrawal from your bank account (ACH), and credit card with a 3% service fee.
- \* Membership must be current and in good standing to register for religious school.
- \* There are no tuition refunds after the start of school.

*Tuition does not cover the cost of providing your child's education!  
Enclosed is my \$ \_\_\_\_\_ donation to help address this challenge.*

TEMPLE SINAI



Religious School

## PERMISSION SLIP FOR PICKING UP CHILDREN 2019-2020

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CHILD'S NAME	SESSION	CLASS
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CHILD'S NAME	SESSION	CLASS
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I give permission for the following people to pick up my child(ren) any time during the 2019-2020 school year. If information changes, please notify us as soon as possible.

1. \_\_\_\_\_  
NAME TELEPHONE #

2. \_\_\_\_\_  
NAME TELEPHONE #

3. \_\_\_\_\_  
NAME TELEPHONE #

4. \_\_\_\_\_  
NAME TELEPHONE #

5. \_\_\_\_\_  
NAME TELEPHONE #

Is there anyone that may NOT pick up your child? \_\_\_\_\_

\_\_\_\_\_  
PARENT'S NAME (PLEASE PRINT)

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

## DETAILED EMERGENCY INFORMATION & TRIP RELEASE FORM

Please use a different sheet for each child

CHILD'S NAME

PARENT'S NAME

CELL PHONE

Does student take any prescribed medication?  YES  NO If Yes, please specify

Does student have any existing medical conditions?  YES  NO If yes, please explain:

Does student have, or has he/she ever had any difficulty with speech, vision or hearing?  YES  NO  
If yes, describe fully:

Is any there information that you would like to share with us that will help us work better with your child?

My child has an allergy to:

Peanuts  YES  NO

Other nuts  YES  NO

Egg  YES  NO

Fish  YES  NO

Gluten  YES  NO

Latex  YES  NO

Drugs  YES  NO Please specify:

Insect Bite/Sting  YES  NO Please specify:

Other  YES  NO Please specify:

What food or materials MUST your child avoid? \_\_\_\_\_

Does student take any prescribed medication?  YES  NO My child has been prescribed an EpiPen.  YES  NO

If parent(s) cannot be reached, list two (2) friends/relatives who will assume temporary care:

NAME

RELATION TO CHILD

HOME PHONE

CELL PHONE

NAME

RELATION TO CHILD

HOME PHONE

CELL PHONE

Authorization-consent Release: In the event of an emergency at either Temple Sinai of Bergen County or if on a class field trip, and when neither the emergency contact nor the parent can be reached, please indicate below whether you authorize Temple Sinai of Bergen County to act as your agent and arrange for medical treatment or hospital care for your child/children. If you agree to have the Temple act as your agent in the event of any emergency, then you agree to release Temple Sinai of Bergen County and any of its officers, directors, staff or employees from any and all claims arising from such authorization. This agreement is in affect for one school year. Agreed:

NAME (PLEASE PRINT)

PARENT SIGNATURE

DATE

INSURANCE COMPANY

GROUP #

ID #

INSURANCE COMPANY MEMBER PHONE NUMBER: \_\_\_\_\_

HOSPITAL OF PREFERENCE IF NEEDED:

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## HIGH HOLIDAY JUNIOR CONGREGATION REGISTRATION FORM GRADES K-6

Registration Due: August 16, 2019

### CHILD'S NAME AND GRADE IN SEPTEMBER

CHILD 1	GRADE
CHILD 2	GRADE
CHILD 3	GRADE

### PARENT(S) NAMES AND CELL PHONE NUMBERS

NAME	CELL	EMAIL
NAME	CELL	EMAIL

### PLEASE CHECK ONE OR BOTH:

**Rosh Hashanah, September 30**  
(8:45 - 11:30 am) Snacks will be served

**Yom Kippur, October 9**  
(8:45 - 11:30 am)  
(Snacks will be served to Kindergarten and 1st grade students)

Please return this form to the Religious School Office Attention: Joan Sherman

## JUNIOR CONGREGATION TEEN VOLUNTEER REQUEST FORM GRADES 9-12

Registration Due: August 16, 2019

NAME	EMAIL		
ADDRESS	CITY	STATE	ZIP
HOME PHONE	CELL	GRADE YOU PREFER TO WORK WITH	

**Rosh Hashanah, September 30**  
(8:45 - 11:30 am)  
 I will lead a prewritten workshop  
 I will assist during Registration

**Yom Kippur, October 9**  
(8:45 - 11:30 am)  
 I will lead a prewritten workshop  
 I will assist during Registration



## PROGRAMS FOR EIGHTH GRADERS AT TEMPLE SINAI

**For our post-B'nei Mitzvah students, Temple Sinai offers two high quality 8<sup>th</sup> Grade programs.**

These interactive, high-impact programs are very engaging for teens tapping into their desire to make a difference in the world and to experience and learn new things as growing teenagers. For the past several years, the majority of students who become bar/bat mitzvah at Temple Sinai have chosen to participate in our 8<sup>th</sup> grade offerings instead of "dropping out" of Temple. These programs are not your typical Religious School experiences!

Combining elements of teen philanthropy, community service, leadership development, and informal classroom learning, our cutting edge youth programs help to foster Jewish identity and values in our participants, all while having fun!

### Option 1) "TEEN FOUNDATION"

The Teen Foundation is a combined social and social justice program in which students engage in *tzedakah* (righteous giving or charity), *gemilut chasadim* (deeds of kindness), and *tikkun olam* (repairing the world). Through in-house programs and site visits to local not-for-profit organizations, students will learn about the challenges faced by those less fortunate than themselves and what these local organizations (both Jewish and secular) do to help those in need. They will gain community service experience volunteering at these organizations and make grants from their "Teen Foundation" to the charities of their choice at the end of the year. This ground-breaking program was pioneered in recent years at Temple Sinai and has proven to be highly meaningful and enjoyable for our teens.

The Teen Foundation will typically meet twice a month from September through May, usually on Fridays after school, from 4:00-5:30 pm, with occasional mitzvah opportunities taking place on Sundays.

### Option 2) "JEWISH EXPLORATIONS"

**New this year**, the "Jewish Explorations" program will offer units of study in the classroom at Temple Sinai, allowing students who want an intellectual challenge the chance to explore young-adult topics more deeply. Classes will be taught by a variety of educators, including Rabbi Beth Kramer-Mazer, Rabbi Jordan Millstein, and Rabbi Paula Feldstein. Classes will explore topics such as Judaism and the Environment, the Holocaust, Jewish Ethics, Jewish Philosophy, Theology, Jews and Sports, and much more.

Classes will run in 3-4 week mini-units, with a couple of weeks off in between units. Older students may participate in some of these classes alongside eighth graders. Classes will meet on select Tuesdays from 7:00-8:30 pm (dinner will be served).

**Note that students may participate across these two tracks as desired.** For example, a student who is registered for the weekly Jewish Explorations class may attend the Teen Foundation trips, and vice versa. Cross-participation is encouraged. The 8<sup>th</sup> Grade registration fee is paid only once, but students may fully or partially participate in both tracks as desired for the same registration fee.

**8<sup>th</sup> Grade Registration fee and Donation: \$613.00.** Please note that \$360.00 of this fee will go to the Teen Foundation at Temple Sinai to be distributed by the students as grants to local not-for-profit groups at the end of the year, and may be declared as a tax-deductible donation. The balance of the fee is used to offset the cost of the program.



## 8<sup>th</sup> Grade Teen Foundation & Jewish Explorations Registration Form 2019 - 2020

Please return this form with payment to Joan Sherman at Temple Sinai,  
One Engle Street, Tenafly, NJ 07670

Please check Option 1 (Teen Foundation) and/or Option 2 (Jewish Explorations):

Teen Foundation       Jewish Explorations

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Student's Cell Phone # \_\_\_\_\_ Student's E-mail: \_\_\_\_\_

Parent (1) Name: \_\_\_\_\_

Parent (1) Cell Phone #: \_\_\_\_\_ Parent (1) Email: \_\_\_\_\_

Parent (2) Name: \_\_\_\_\_

Parent (2) Phone #: \_\_\_\_\_ Parent (2) Email: \_\_\_\_\_

Does your child have any medical conditions or special needs of which we should be aware? \_\_\_\_\_

\_\_\_\_\_ I permit Temple Sinai to use my child's picture and name for publicity purposes, including on Facebook.

\_\_\_\_\_ I permit my child to participate in Teen Foundation events held outside of the Temple Sinai building.

\_\_\_\_\_ In the event of a medical emergency, if I cannot be reached immediately, I hereby give permission to Temple Sinai staff to select a hospital, physician or other medical professional to treat my child.

**Registration fee and Donation: \$613.00. Please note that \$360.00 of this fee will go to the Teen Foundation to be distributed by the students as grants to our local not-for-profit groups at the end of the year and may be declared as a tax-deductible donation. The balance of the fee is used to offset the cost of the program:**

\_\_\_\_\_ Enclosed is a check for \$613.00, made payable to Temple Sinai of Bergen County

\_\_\_\_\_ Please bill my Temple account in the amount of \$613.00

TEMPLE SINAI



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