

Shaare Emeth Religious School

2017/2018 School Year

Program Information

Program descriptions are available on the Religious School webpage:

www.sestl.org

PreK-2nd Grade Program

PreK-2nd Grade Chuggim

9:00AM-11:00AM Sunday

\$375

11:00AM-11:30AM Sunday

\$85

3rd-5th Grade Program

Please note that the curriculum for these grades is presented in a 2 day a week format. The midweek days are flexible and you are able to make changes as the year continues. Questions? Just ask!

9:00AM-11:30AM Sunday

\$875

*4:15PM-6:00PM Tues. or Wed.

6th Grade Program

Please note that the curriculum for this grade is presented in a 2 day a week format. The midweek days are flexible and you are able to make changes as the year continues. Questions? Just ask!

9:00AM-11:30AM Sunday

\$900

*4:15PM-6:00PM Tues. or Wed.

7th Grade Kehillah Program

*4:15PM-6:00PM Tues. or Wed.

\$375

7th Grade will meet, on average, two times a month.

8th Grade Kehillah Program

9:00AM-11:00AM Sunday

\$475

Time Dependent on Programming

8th Grade will meet, on average, two times a month

8th Grade M.I.T. Program

9:00-11:30 AM Sunday

Students meet Sunday mornings when there is NO 8th Grade Kehillah core class scheduled. There will also be a midweek option available. Students must be enrolled in 8th Grade Kehillah Program to participate. *There is no additional cost, see enclosed flyer for details.*

9th/10th Grade Confirmation Program

11:15AM-12:30PM Sunday

\$475

Post Confirmation

(11th & 12th Grade)

Details to Come...

\$100

**We understand that not all students can arrive by 4:15 p.m. Please contact Liessa Alperin to discuss personal schedule challenges.*

OVER for Registration Form ►

Shaare Emeth Religious School 2017/2018 Registration Form

Family Name: _____ Parent's Name: _____

** We understand it may be too early to determine Midweek day choices.
No worries... Just pick one for now and feel free to call and change it at any time. **

↓ Students' Name & Grade ↓

Class Name ↓	SAMPLE <i>John Doe</i> 5 th Grade					
PreK-2nd Grade Program (\$375) Sunday Chuggim Program (\$85)	SAMPLE					
3rd-5th Grade Program (\$875) Midweek Day Choice (no additional cost) **Indicate 'T' or 'W' for a day choice.**		✓				
6th Grade Program (\$900) <i>6th Grade Retreat NOT included</i> Midweek Day Choice (no additional cost) **Indicate 'T' or 'W' for a day choice.**		T				
7th Grade Kehillah Program (\$375) **Indicate "T" or "W" for day choice.**						
8th Grade Kehillah Program (\$475) <i>8th Grade Retreat NOT included</i> 8 th Grade MIT Program (no additional cost)						
9th Grade Confirmation Program (\$475)						
10th Grade Confirmation Program (\$475) <i>D.C. Experience NOT included</i>						
Day School Students- Please indicate here if your child is enrolled in a Jewish Day School.						
Totals per Student →		\$875.00				

TOTAL AMOUNT DUE: \$ _____

Your registration will not be processed without a completed "Payment Form"!

Special Registration Notes: _____

Shaare Emeth Religious School 2017/2018 Payment Form

In order to grant any special requests, all forms must be submitted with a deposit by August 4, 2017. Please contact the Accounting Department at 314-692-5306 or Rosalie Stein, 314-692-5353/ rstein@sestl.org, with any questions or concerns in regards to your Religious School account and payment options.

Family Name: _____ Parent's Name _____

TOTAL AMOUNT DUE \$ _____

DEPOSIT AMOUNT - \$ _____

\$50 per student (Registration will not be processed without a deposit)

Charge deposit amount to the credit card or checking account provided on this form*

Check Enclosed: Check # _____

REMAINING BALANCE \$ _____

Payment Options for Remaining Balance (Please check one of the following options)

**Even if you have had a credit card on file in the past, please complete the Credit Card information below for our record verification.*

Payment in Full:

Check # _____ \$ _____ Credit Card listed below

Pay Remaining Balance on **9/15/2017** via:

Credit Card listed below Automatic Checking Acct. Withdrawal
(Please attach a voided check)

Pay in **9 monthly** installments (Aug.-April). **Monthly Payment amount: \$ _____**
*You must provide credit card information below**

Please send me a need-based Financial Aid Application; **All financial aid applications must be received by September 22, 2017.** Even when applying for financial aid, your deposit is required. Applications are strictly confidential. If you have questions in regards to financial aid, please contact Rosalie Stein at 314-569-5353/ rstein@sestl.org.

Credit Card Authorization

*I authorize Congregation Shaare Emeth to initiate charges as shown above, on the credit card account indicated.
This authority will remain in effect until our Religious School account is paid in full.*

As you may know, the Temple incurs cost to process credit cards. Please consider checking the box to add a tax deductible convenience fee of 3% to your total for the use of your credit card.

Master Card/Visa/American Express/Discover #

(Security Code)

Expiration Date

Authorized Signature

(Print) Last Name, First Name

Date

Address, Zip Code

(Required in Order to Process Credit Card)

For Office Use Only: ACC MM DEP REG CCdon CYL PP ACH

Shaare Emeth Religious School
2017/2018 School Year

Family & Emergency Contact Information

(Please fill out one per family unit.)

Family Name: _____

Students' Names: _____

Parent/Guardian Contact #1

Name: _____

Occupation: _____

Home Address _____
Street Address / Apt # City State Zip

Home Phone: _____ Preferred Contact # Work Phone: _____ Preferred Contact # Cell Phone: _____ Preferred Contact #

Email Address: _____ (Our primary way of communicating is through email)

Parent/Guardian Contact #2

Name _____

Occupation _____

Home Address (if different from above) _____
Street Address / Apt # City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____ (Our primary way of communicating is through email)

If parents are separated/divorced, student(s) live with:

_____ Parent/Guardian #1 _____ Parent/Guardian #2 _____ both _____ other

Please explain any shared custody arrangements that may affect your students' well-being or attendance at school:

Emergency Information: Please list two contacts **OTHER** than those listed above.

Emergency Contact #1: _____
Name & Relationship Phone #

Emergency Contact #2: _____
Name & Relationship Phone #

Family Physician's Name: _____ Phone: _____

Insurance Carrier: _____ Group ID/Policy #: _____

OVER Signature REQUIRED! ►

Date Received:

For Office Use Only: RS MM ACC

WAIVER: Parental Signature Required

- In the event that the adult or emergency contacts provided cannot be reached in an emergency situation involving my child(ren), I hereby assign authority to Shaare Emeth to act in my behalf in authorizing such emergency treatment as necessary.
- In cases of extreme emergencies, your child will be brought by ambulance to the nearest hospital.
- We will treat students with Band-Aids, antibiotic ointment (i.e. Neosporin), or ice packs in case of injury. We will NOT treat a child with oral medication without written or oral consent (via telephone) by a parent/legal guardian.
- *I authorize Shaare Emeth to use still, slide, and/or video photographs of my child for its public relations (including the Shaare Emeth website), written publicity, and the Temple Bulletin.*

Field Trip Authorization

I hereby authorize my child to go on any field trip deemed appropriate by the Director of Education in conjunction with the programs for which my child is registered. Shaare Emeth Religious School may transport my child on field trips by whatever means it deems appropriate. The undersigned hereby releases and forever discharges Congregation Shaare Emeth, the agents, servants, and employees from any and all claims, actions, or causes of actions resulting from sickness or accidental injury.

Emergency Authorization

In an emergency, I request the Director or designee to contact the home or one of the relatives/friends listed. If unable to contact anyone, I hereby authorize the school to make such arrangements as seem necessary, and I also authorize the hospital and physician to perform necessary procedures. I prefer my child to be taken to _____ Hospital or a nearby hospital if deemed necessary. Costs of the medical attention and ambulance are responsibility of parent/guardian. It is understood and agreed that Congregation Shaare Emeth, or its agents, servants, and employees shall not be liable for any claims, actions, or causes of action arising out of any conduct authorized here, and the undersigned hereby specifically releases the Congregation Shaare Emeth and its agents, servants, and employees from any and all such claims, actions, or causes of action.

Disaster Authorization

Please check the appropriate box indicating who may pick up your child in the event of a disaster:

My child may only be picked up by his/her parent or guardian.

My child may leave with anyone he/she feels comfortable riding with (relatives, neighbor, etc.)

My child may be picked up by anyone he/she feels comfortable with except the following people:

Parent/Student Contract

We at Congregation Shaare Emeth value the relationship between home and school and understand that this partnership is imperative in the success of our students. The faculty of Congregation Shaare Emeth work diligently to give each of our students the necessary tools and opportunities to learn and grow within their classrooms at Congregation Shaare Emeth. However, we understand that without the integral help and support of our families we cannot give our students all that is needed for their continued success. Therefore we ask each family to pledge their commitment to work in partnership with us at Shaare Emeth. In order to complete the circle of learning, we ask families to:

Question, Read, Learn, Do assigned homework, Study together at home as a family,

Attend Religious School, Have a Positive Attitude & Be Excited!

Together we will build a bridge to knowledge. We commit to learning together.

Parent/Legal Guardian Signature: _____ **Date:** _____

Shaare Emeth Religious School
2017/2018 School Year

Student Information

Please fill out one Student Information form for each of your students, using multiple copies as needed.

Student's Name _____

Please call me (nickname): _____

Date of Birth: _____ Gender: _____

2017/2018 Grade Level: _____

Student Email Address: _____

Student Cell: _____

Public/Private School Name: _____

Student Safety and Support:

It is very important to us at Congregation Shaare Emeth that each of our students feels supported while at Religious School. You know your student best and are their strongest advocate! We appreciate you taking the time to share with us any information that you have that may help us support your student's learning and social experiences while at Religious School.

Please share with us some of your student's greatest strengths and areas in which they are most proud. This may include: being social and friendly comes easy to them, they love learning about new things, they are great at sports, they are involved in theatre, they are very easy going. _____

Please take a few minutes to share with us any information about your student that may affect their ability to feel and be successful while here. Some topics may include: learning challenges, social needs, and behavioral concerns, medical issues that may affect their ability to feel well when they are here, emotional needs or concerns that may affect their ability to feel comfortable. _____

Does your student have any food allergies? YES NO Epi-pen? YES NO

If yes, please specify: _____

Does your student have any other allergies? YES NO

If yes, please specify: _____

Does your student take any medications? YES NO

Please specify: _____

SEE REVERSE →

Jewish Education & Learning Expectations:

To help us provide the best educational experience for your student, please complete the following by circling the best answer possible.

My student...

- Learns best by: _____ seeing _____ doing _____ hearing _____ writing _____ other
- Tends to be more: _____ outgoing _____ reserved _____ depends on the situation
- Tends to: _____ LIKE _____ DISLIKE going to Religious School.

Is there any information about your student in terms of previous Jewish Educational experiences or life experiences that would be helpful to our teachers to know so that we may provide the best possible learning environment for your student? _____

What is your family excited about at Religious School this year? _____

What are your family's expectations for this Religious School year? _____

What do you hope your student will gain from Religious School that will be important when they become a Jewish adult? _____

Please include in the space below any additional information that you would like us to share with your student's teacher.

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