

TEMPLE SINAI RELIGIOUS SCHOOL REGISTRATION - 2009-2010

REGISTRATION INSTRUCTIONS

- Complete and return the applicable forms and include payment (minimum=\$50 Registration Fee) for your registration fees and tuition. Forms and payment must be sent to:
Religious School Registration, TEMPLE SINAI, 208 Summit Ave, Summit, NJ 07901
 1. Registration Instructions (K-12)
 2. Placement Policy (K-7)
 3. Registration Form (K-12)
 4. Student Needs (K-7; one per student)
 5. Emergency Contact (K-12; one per student)
 6. Parent Committee (K-12)
 7. Parent Participation (K-12)
 8. Madrichim (8-12)
 9. Early Alternative (6 & 7)
 10. Photo Release (K-7)
- Your K-7 registration information, with \$50 registration fee (non-refundable; required for each student), must be returned to the Temple by May 13, 2009. Registration for K-7 received after May 13th will require a \$60 per child late registration fee. **Additionally, the selection of preferred Wednesday (early/late) Hebrew session will be on a first-come, first serve, space available basis.**
- Use the Registration Form to calculate the total due. Please note the following:
 - \$50 registration fee per student (Register now **with the \$50 minimum per student** to avoid the late fee.)
 - Grade-level tuition is non-refundable after the first day of class: Sunday, September 13 and Monday, September 14, 2009
 - Late Registration fee, \$60 per K-7 student, for registration received after May 13, 2009
- In addition to Sunday mornings, grades 4-7 will meet Wednesday afternoons from 3:45-5:00PM (early Session) or 5:15-6:30pm (late session). If you have a preference for one session over the other please indicate either Early or Late in the appropriate column on the Registration Form. Preferences will be honored on a first-to-register, first-to-select, space available basis. We want to honor your preference. Our first goal must be to maintain the teacher-student ratio in Hebrew class.
- **2009-2010** tuition/fees and **membership dues must be current** (or prior confidential arrangements made with Patrick Jobe, Executive Director (Patrick@templesinainj.org; 908-273-4921 X 16) for your child to start school.
- Temple Sinai has a confidential assistance program for qualifying families. Please contact Patrick Jobe, Executive Director, (Patrick@templesinainj.org; 908-273-4921 X16) if you would like to receive financial assistance information.



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STUDENT PLACEMENT GUIDELINES

We work diligently on behalf of TSRS students to create a classroom environment that supports the success of each child. Beyond the logistical considerations of Hebrew skill level and class size, we consider gender distribution and special learning needs as well as home town when creating class groupings. *Every effort is made to accommodate unique circumstances.*

Please be aware of the following guidelines:

- Class assignments are set at the end of May. *If you have key information that would aid in your child's placement please provide such information to the Director of Education in your registration packet, during the spring registration process.*
- We cannot consider requests to change a student's class placement during the first three weeks of school as we complete our office procedures and strive to settle into new routines and relationships.
- Placement requests for Wednesday Hebrew classes may not be achievable, *due to skills based considerations and class size.*
- We strive to foster social relationships among students from the sixteen towns that constitute our temple community. Our class groups have a *geographical mix of students.*

Thank you very much.

TEMPLE SINAI RELIGIOUS SCHOOL REGISTRATION FORM - 2009 - 2010

Parent Name(s): _____
 Phone Number: _____
 Primary Email: _____

Instructions and additional Information are on back of this form. Please return the registration fee and **ALL** forms by **May 13, 2009.**

2009-2010 Tuition and Fees (see back for instructions and additional information)

Student Name	Grade	Tuition (see chart)	Registration Fee (\$50 per student)	K-7 Late Registration Fee (\$60/student after 05/13/09)	Preferred Wednesday Hebrew Session		Student Total
					Early 3:45-5:00 Gr. 4-7	Late 5:15-6:30 Gr. 4-7	

Grade Level Tuition / Book Fees

Grade	Tuition/Books
K (Member)	\$645
K (Non-Member)	\$770
Grade 1	\$645
Grade 2	\$705
Grade 3	\$705
Grade 4	\$955
Grade 5	\$955
Grade 6	\$955
Grade 7	\$955
Grade 8	\$675
Grade 9	\$675
Grade 10*	\$1125*
Grade 11	\$625
Grade 12	\$625

*Grade 10 is \$625 tuition + \$500. for the Confirmation trip, required for all grade 10 students



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STUDENT NEEDS - 2009-2010

*A Separate Student Needs Form is Required
for Each Registered Student, K-7*

STUDENT'S NAME _____ 2009-2010 Grade: _____

Your responses to the following questions will be extremely helpful in ensuring that each student has a positive experience in religious school. All information provided will be kept strictly confidential, available only to the Director of Education, and disclosed only to teachers and staff members who need the information in order to ensure that your child's needs are met.

You are encouraged to set up an appointment to discuss these or any other issues with the Principal and/or your child's teacher. All information provided below will be held in confidence.

1. Are there any medical and/or physical concerns of which the school should be aware; e.g., allergies to foods, insect bites, building-access issues, etc? For any food allergies please be as specific as possible. Does your child know how to avoid foods they are allergic to?
2. Is your child receiving any special educational services?
3. Does your child experience any reading difficulties or learning challenges that might affect his/her performance, participation or enjoyment of the religious school program? Please be as specific as possible.
4. Please indicate if the child is on any medication that is being taken to impact his/her performance and/or behavior in school.
5. Is there any specific information about your child's home situation that might affect his/her attitude, performance or behavior?
6. If your child is new to Temple Sinai Religious School and entering Grade 4 or above, please answer:
_____ My child has no former Hebrew reading skills.
_____ My child has attended Hebrew school at _____ in grades K, 1, 2, 3, 4, 5.
Name of Temple circle appropriate grade(s)
7. Please share other needs/circumstances that the Religious School should be aware of.



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**TEMPLE SINAI RELIGIOUS SCHOOL
Student Emergency Contact Form - 2009-2010**

A Separate Form is required for each Student

Student Name: _____ Grade (2009-2010) _____

EMERGENCY CONTACT INFORMATION

For a school-day problem/emergency who should be contacted

IF THE PARENTS ARE UNAVAILABLE

Sunday or Monday: _____
Name Phone

Wednesday: _____
Name Phone

Student's Doctor: _____
Name Phone

Does the student take any medications or have allergies or any special conditions a first responder should know about when providing emergency care?

In the event of a medical emergency, I give Temple Sinai Religious School permission to arrange for or to provide medical treatment as necessary for _____.
Student's Name

Parent's Signature: _____ Date: _____

INSTRUCTIONS

The emergency contact information and release statement at the top of this page must be filled out and signed every year. A separate form is required for every student. Your child cannot attend our school without your signature above.

K-7 SCHOOL PARENT COMMITTEE

(See Below for New High School Committee)

Please indicate your interest in representing your child's K-7 grade for the 2009-'10 school year. Your input and participation will be greatly valued. Our main task will be to plan and facilitate one social event for each grade. In addition, we may ask you to assist in finding grade volunteers to bring in holiday foods for your grade's celebration a couple times during the year.

Kindly return this sheet with your Registration Packet.

Thank you for your support and participation,
Religious School Committee and Patti Kahn

Parent Name _____ Phone _____

Yes, I would like to participate in the K-7 Parent Committee. Please contact me for the organizational meeting this fall '09.

My K-7 child(ren)'s grade(s) in the 2009-'10 year will be:

___K___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7

!! NEW !! HIGH SCHOOL PARENT COMMITTEE

For the first time in recent years, we would like to form a new parent group to help plan and facilitate special programming and social action in the Grade 8-12 High School. This group will meet in the Fall to learn more about the high school program and to decide in what ways parental involvement can enrich the high school program. Your input and participation will be greatly appreciated. Please indicate your interest below.

Kindly return this sheet with your registration packet.

Thank you for your support and participation.
Religious School Committee and Patti Kahn

Parent Name _____ Phone _____

Yes, I would like to participate in the High School Parent Committee. Please contact me for the organizational meeting this fall '09.

My High School child(ren)'s grade(s) in the 2009-'10 year will be:

___ 8 ___ 9 ___ 10 ___ 11 ___ 12

Parent Participation Form - 2009-2010

Temple Sinai Religious School needs our parents' help throughout the year for a number of communication, organizational, office, classroom and shopping tasks. Some of these specific tasks are listed below and there will be others during the year as the need arises. We are asking every parent who is able, to volunteer 2 – 4 hours, at least once during the school year, to accomplish these tasks. Please also see the separate K-7 & High School Parent Committees form.

Please indicate in the columns below which tasks you prefer to be contacted for. Thank you

#1. Name _____ (Weekdays ____, Sundays only ____, Either ____)

#2. Name _____ (Weekdays ____, Sundays only ____, Either ____)

#1 #2 Please check off all areas of interest. Thank you very much!

- | | | |
|-----|-----|--|
| ___ | ___ | I want to learn to read Hebrew, in an adult class, during my child's Religious School session. |
| ___ | ___ | What is your special talent, skill or area of expertise that may assist and enrich our program? What's your Line? _____ |
| ___ | ___ | Work one-on-one with Wednesday students giving Hebrew support. Minimal Hebrew skills are needed for this support. You will listen to students read aloud and help them to strengthen their skills. |
| ___ | ___ | Religious School Committee: philosophical underpinnings & goals of school; evaluation & support. |
| ___ | ___ | K-7 Grade-Parent Committee (Please cross-indicate on the Parent Committee Form.) |
| ___ | ___ | High School-Parent Committee (Please cross-indicate on the Parent Committee Form.) |
| ___ | ___ | Assist with monthly Social Action / Tzedakah. |
| ___ | ___ | Separate, organize and count tzedakah. |
| ___ | ___ | Routine, regular office tasks (preparing mailings, filing, alphabetizing, assembling flyers and classroom materials, etc.) Timing/schedule is flexible. |
| ___ | ___ | Assist with special programs. |
| ___ | ___ | First day of school assistance (office, books, etc.) |
| ___ | ___ | Organizing and distributing student books prior to the beginning of the school year and/or semester. |
| ___ | ___ | Assist with holiday celebrations (purchase supplies, setup, serve, assist during a program.) |
| ___ | ___ | Man the religious school office (answer telephones, light office work, collect materials from teachers, etc.) during school hours when an office substitute is needed. |
| ___ | ___ | Run or supervise an educational "station" during High Holy Day Youth Services. (K-1, 2-3, 4-5) (Are you a teacher? We need your help!) |
| ___ | ___ | Create Judaic and Hebrew game materials at the local teacher center for use in the classroom. Your own pace, schedule. |
| ___ | ___ | Help schedule and coordinate volunteers. We need one or two people willing to periodically call Temple members and ask them to volunteer, or to confirm their previous commitment to volunteer, for various tasks. |
| ___ | ___ | Shop for art supplies, snacks, etc. as needed for special programs. |



TEMPLE SINAI HIGH SCHOOL MADRICHIM VOLUNTEER FORM - 2009-2010 Grades 8 - 12

The word *madrich* comes from the Hebrew "*Derech*" which means path. It variously means leader, teacher, guide, mentor, counselor and/or tutor. In Temple Sinai Religious School's program a *madrich/a* is all of these as well as a much appreciated friend and colleague. Our *madrichim* work in the school in various capacities on Monday (3:45-5:45pm); on Wednesday (3:45-6:30pm) and on Sunday (8:30-10:30am). Some high school students work in the Hebrew Learning Center teaching students to read Hebrew. Other students assist students and teachers in the classroom. Some students are needed to complete administrative projects in the school office. In 2009-2010, all *madrichim* will work in the school on a volunteer (non-paid) basis.

This is a great opportunity to spend time with your friends and to accomplish meaningful goals while making a significant contribution to your Temple and community. The *Madrichim* Program is a volunteer program. We appreciate the many *madrichim* who volunteer their services. Your reward will be a great deal of respect, appreciation and teaching experience. We are happy to provide reference letters for your school credit record or college application.

Grade 8 M.I.T. PROGRAM

Madrichim In Training (MIT) program provides a year of training, for our first year TSHS students. Eighth graders will participate in special training modules and will "shadow" and assist our more experienced *madrichim*.

If you are interested in participating as an M.I.T. (grade 8), *madricha* or *madrich* (grades 9-12) please complete and return the form below with the school Registration Packet. At this time, you are **not** making a commitment. You are simply giving us information so we can contact you at the beginning of the school year at which time you will be **required to attend mandatory** orientation/training meetings.

MADRICHIM VOLUNTEER FORM - 2009-2010 Grades 8 - 12

Name: _____ Grade: _____
Email: _____
Cell #: _____

Please contact me as a potential *Madrich/a* for the following school sessions:

- Sundays (8:30 – 10:30 am) _____
- Mondays (3:45 – 5:45 pm) _____
- Wednesday (3:45 – 5:00 pm) _____
- Wednesday (5:15 – 6:30 pm) _____

PLEASE RETURN THIS FORM ALONG WITH YOUR HIGH SCHOOL REGISTRATION



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**GRADE 6 & 7 ALTERNATIVE SUNDAY
COURSE SUPERVISION
Fall, 2009**

Although we are unable this year to offer an 8 session Sunday course for students with sports conflicts, we want to know if your grade 6 or 7 child expects to have a conflict with our regular 11:00-1:00 schedule this fall.

We hope to offer structured, supervised home study for students with sports conflicts, for families who can establish real need.

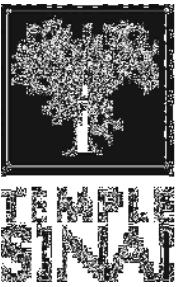
If applicable, please complete this form below and return it with your registration materials. We will be in touch with you again in August, to confirm need and interest. Thank you.

Student Name _____ Grade in 2009-'10 _____

Sport: _____

Please comment upon your child's situation:

We appreciate your communication and thank you for returning this form with your registration materials by May 13, 2009.



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PHOTO RELEASE AGREEMENT

As the legal parent(s) and/or guardian(s) of:

Child #1: _____.

Child #2: _____.

Child #3: _____.

I hereby grant permission to Temple Sinai and its board members, employees, agents, servants and representatives to use this child's/these children's photographic likeness, alone or in a group, in any Temple Sinai publication and/or to release this child's/these children's photographic likeness to any newspapers and/or magazines for publicity and/or recognition purposes relating to Temple Sinai.

Additionally, I extend this permission to use this child's/these children's photographic likeness, alone or in a group, on the official website of Temple Sinai. The website is owned and maintained by Temple Sinai and its agents as a service to the congregants of Temple Sinai and other interested parties and can be accessed and viewed at www.templestinainj.org.

I release Temple Sinai, its board members, employees, agents, servants, representatives and all organizations and individuals related to Temple Sinai from any and all liabilities or damages that result from the use of this child's/these children's photographic likeness on the official website of Temple Sinai, use in any Temple Sinai publication, and/or release of this child's/these children's photographic likeness to any newspapers and/or magazines for publicity and/or recognition purposes relating to Temple Sinai.

I represent that I am authorized to act on behalf of this child/these children's. My permission shall remain in effect unless and until revoked by me and communicated to Temple Sinai in writing.

Signature of Parent/Guardian

Date

Note: This authorization is effective until you revoke it in writing. It is not necessary to file a new authorization if you have previously done so.