



TEMPLE  
SINAI  
RELIGIOUS  
SCHOOL

## TEMPLE SINAI RELIGIOUS SCHOOL REGISTRATION – 2010-2011

### 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. Independent Study (Grades 5, 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 5, 2010. Registration for K-7 received after May 5<sup>th</sup> 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:

1. \$50 registration fee per student (Register now **with the \$50 minimum per student** to avoid the late fee.)
2. Grade-level tuition is non-refundable after the first day of class: Sunday, September 12 and Monday, September 13, 2010
3. Late Registration fee, \$60 per K-7 student, for registration received after May 5, 2010

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, and space available basis. We want to honor your preference. Our first goal must be to maintain the teacher-student ratio in Hebrew class.

**2010-2011 tuition/fees and membership dues must be current** or prior confidential arrangements made with Patrick Jobe, Executive Director ([Patrick@templesinainj.org](mailto: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](mailto:Patrick@templesinainj.org); 908-273-4921 X16) if you would like to receive financial assistance information.



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## TEMPLE SINAI RELIGIOUS SCHOOL

### 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.



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# TEMPLE SINAI RELIGIOUS SCHOOL REGISTRATION FORM - 2010 - 2011

Instructions and additional Information are on  
Page 1. Please return the registration  
fee and **ALL** forms by **May 5, 2010.**

Parent Name(s): \_\_\_\_\_

## 2010-2011 Tuition and Fees (see page 1 for instructions and additional information)

Student Name	Grade	Tuition (see chart)	Registration Fee (\$50 per student)	K-7 Late Registration Fee (\$60/student after 05/5/10)	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

Grade	Tuition	Grade	Tuition
K (Member)	\$0	Grade 6	\$985
K (Non-Member)	\$770	Grade 7	\$985
Grade 1	\$0	Grade 8	\$695
Grade 2	\$725	Grade 9	\$695
Grade 3	\$725	Grade 10*	\$1160*
Grade 4	\$985	Grade 11	\$645
Grade 5	\$985	Grade 12	\$645

\*Grade 10 is \$645 tuition + \$515 for the Confirmation trip, required for all grade 10 students



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**STUDENT NEEDS - 2010-2011**

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

STUDENT'S NAME \_\_\_\_\_ 2010-2011 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? If yes, will you provide our school with a copy of the IEP which will assist our Director in providing the best possible teacher instructions. \_\_\_\_\_  
\_\_\_\_\_
  
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 about which the Religious School should be aware.



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**TEMPLE SINAI RELIGIOUS SCHOOL**  
**Student Emergency Contact Form - 2010-2011**

***A Separate Form is required for each Student***

Student Name: \_\_\_\_\_ Grade (2010-2011) \_\_\_\_\_

**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

Please indicate your interest in representing your child's K-7 grade for the 2010-2011 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, 2010.*

*My K-7 child(ren)'s grade(s) in the 2010-'11 year will be:*

\_\_\_K\_\_\_ 1 \_\_\_2\_\_\_ 3 \_\_\_4\_\_\_ 5 \_\_\_6\_\_\_ 7

## RELIGIOUS SCHOOL COMMITTEE

The Temple Sinai Religious School Committee meets once per month on Tuesdays at 1:00 PM-2:30 PM. We review school curriculum, policies and special issues as they arise. We assist the Director of Education as an advisory board.

We want to expand our committee to include more parents from the K-12 school. We` urge you to join our collegial group as we continue to work toward providing the very best program possible for our children, teens and families. Your participation will be greatly appreciated and rewarding.

Kindly return this form with your registration packet.

Thank you for your support and participation.  
Joanne Rosenberg, Chair, Religious School Committee and Patti Kahn

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_

*Yes, I would like to become a member of the Religious School Committee. Please contact me to discuss this further.*

*My child(ren) are in grade(s):* \_\_\_\_\_

## Parent Participation Form – 2010-2011

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 & Religious School Committee forms.

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

#1. Name \_\_\_\_\_

#2. Name \_\_\_\_\_

<u>#1</u>	<u>#2</u>	<b><u>Please check off all areas of interest. Thank you very much!</u></b>
___	___	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 ( <b>Please cross-indicate on the Parent Committee Form.</b> )
___	___	Assist with monthly Social Action / Tzedakah.
___	___	Separate, organize and count Tzedakah.
___	___	Routine, regular office tasks (Filing, alphabetizing, assembling classroom materials, etc.) Timing/schedule is flexible.
___	___	Assist with special programs and holiday celebrations.
___	___	First day of school assistance (office, books, etc.)
___	___	Organizing and distributing student books prior to the beginning of the school year and/or semester.
___	___	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 or love working with kids? We need your help!)
___	___	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 - 2010-2011 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 2010-2011, 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 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. We will contact you at the beginning of the school year at which time you will be **required to attend mandatory** orientation/training meetings.

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## MADRICHIM VOLUNTEER FORM - 2010-2011 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 5, 6 & 7 GUIDED INDEPENDENT  
STUDY PROGRAM FOR THE FALL SPORTS SEASON  
Fall, 2010**

***We want to know if your grade 5, 6 or 7 child expects to have a conflict with our regular religious school schedule this fall.***

***We will offer structured 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 2010-2011 \_\_\_\_\_

Sport: \_\_\_\_\_ School District \_\_\_\_\_

Weeks and time you expect the sport to meet (to the best of your knowledge. We know you don't yet have the official schedule) \_\_\_\_\_

\_\_\_\_\_

Please comment upon your child's situation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***We appreciate your communication and thank you for returning this form with your registration materials by May 5, 2010.***



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208 Summit Avenue  
Summit, New Jersey 07901  
T. 908-273-3617  
F. 908-273-3653  
TEMPLESINAINJ.ORG

Patti Kahn  
*Director of Education*  
Patti@templesinainj.org

Stuart Weinberg Gershon  
*Rabbi*  
Rabbi@templesinainj.org

Florence Friedman  
*Cantor*  
Cantor@templesinainj.org

## **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.templesinainj.org](http://www.templesinainj.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.**