



WELCOME – ‘2010’

Dear Religious School Parents,

At Temple Beth Tikvah, students are asked to question ideas and share religious philosophies. Since each student is important to us, we have worked diligently on developing a curriculum that meets the needs of each child. The curriculum is designed to teach our students utilizing a variety of methods: traditional classroom instruction, music, and arts & crafts. Our studies are built developmentally which allows each student to grow in knowledge from concept introduction to concept mastery. Our curriculum includes the study of holidays, Bible, prayer, Hebrew, G-d concepts, history, and tzedakah.

Our faculty consists of exceptionally talented professionals who are dedicated to our school and have contributed substantially to having our school recognized as one of the best religious schools in our community.

Religious school is a very important part of your child's Jewish education. We understand and value the effort our parents make in committing your time and finances to our educational program. Educating your child is our number one priority and we take it very seriously. A great deal of thought and work take place in the planning of the school year. Please carefully read and complete the information enclosed. Enclosed is important information pertaining to the following areas: registration, carpool, security, volunteerism, parental consent, emergency contact and student profile. Each piece of information is necessary to make the school a great experience for your child. Please mail all informational forms to the school office with your registration.

Utilizing e-mail for parent communication has been very successful. E-mail is a great way to get information to large group of people in a time and cost effective manner and it allows us to save a considerable amount of money on postage and paper. Please make sure to list your e-mail address on the forms attached and to also update us of any email address changes during the school year. Please note that this is also a great way to get in touch with the school. **Our new email address is bethtikvahrs@gmail.com.**

We anticipate new students entering our program this year and in years to come. With growth comes the task of planning including arranging classrooms, teachers, books, and all of the other necessary things that make our school run smoothly. To facilitate our planning, we encourage you to return your completed registration form by 7/01/10. *Tuition does not cover the entire cost of operating the religious school. The school is supported by synagogue revenue.* To expedite administrative procedures, we would appreciate it if you would send in the full amount of religious school fees with the completed registration form, if possible. Otherwise, you may pay one-third of the full amount and we will bill the balance in two monthly installments. Please remember that Temple Beth Tikvah has adopted a policy that all financial obligations to the synagogue must be current for participation in the religious school.

Thank you for your continued support of our school.

Sincerely,

Hassia Levin
Director of Education



 Date Received

TEMPLE BETH TIKVAH
2010-2011
RELIGIOUS SCHOOL REGISTRATION

Grade	First Name	Middle	Last Name	Birthdate	Sex	Hebrew Name
PK						
K						
1 st						
2 nd						
3 rd						
4 th						
5 th						
6 th						
7 th						

Full Name(s) of Parent(s) or Guardian(s): _____

(Mother) Home Address: _____ **(Father)** Home Address: _____

Subdivision _____

County _____

Phone: (Home) _____ Phone: (Home) _____

Cell Phone : _____ Cell Phone: _____

E-mail Address _____ E-mail Address _____

The TBT Religious School requires that divorced/separated parents provide the school with documentation of legal custody, physical custody, and visitation arrangements.

Special Needs (medical, learning disabilities, behavioral problems, etc.):

Child's Weekday School: _____
 Did your child attend Religious School previously? _____ How many years? _____
 Where did your child attend Religious School? _____

Registration Fees and Payment Schedule (2010-2011*): TOTAL Religious School Price**

Sunday Morning (9:30 am – 12:00 pm) - PK = 4 years old by September 1, 2010

	<u>BEFORE JULY 1ST</u>	<u>AFTER JULY 1ST</u>
PK	\$455	\$505
*PK Additional Student(s)	\$440	\$490
K, & 2nd Grade	\$555	\$605
* PK, K, & 2 nd grade Additional Student(s)	\$540	\$590
1st Grade	\$567	\$617
* 1 st Grade Additional Student (s)	\$552	\$602

Bar Mitzvah Year **\$1225**

(includes 7th Grade & Bar/Bat Mitzvah tutoring)

Sunday Morning (9:30 am – 12:00 pm) & **Tuesday Afternoon** (5:00 pm – 6:30 pm)

3rd Grade	\$785	\$835
*3 rd Grade - Additional Student(s)	\$770	\$820
4th Grade	\$860	\$910
*4 th Grade - Additional Student(s)	\$845	\$895
5th Grade Student	\$960	\$985
*5 th Grade - Additional Student	\$945	\$970
6th Grade Student	\$955	\$1005
*6 th Grade - Additional Student	\$940	\$990

*Greater amount applies to oldest child – additional amount applies to younger sibling(s).

Optional Gift to Scholarship fund greatly needed. Please consider adding \$18 or \$36 (or more) to your check. The additional amount will be deposited to our Scholarship Fund to help families who are having desperate financial hardships.

I understand that it is the policy of the Temple Beth Tikvah Religious School that no refunds will be given after the 3rd session of school. Any refunds will be subject to a \$100 fee.

Parent Signature _____

My child has special needs that require a dedicated teacher's aide for his/her success. I understand by signing below that my family is responsible for this additional expense and will make the necessary payment arrangements with the Religious School.

My child(ren) will be attending Beth Tikvah's religious school program during the 2010-2011*** school year.

_____ I am paying in FULL. Check for \$_____ enclosed.

_____ I prefer to pay 1/3 down and the balance to be paid in two monthly installments (6/1 & 7/1). **Post dated completed checks must be submitted with registration and will be deposited on the first day of the two following months. Any registration received with partial payment that does not include post dated checks will not be processed.**

If you choose to use a credit card (Mastercard & Visa accepted): This portion MUST be completed if you choose to use a credit card – even if you have your credit card on file.

Amount to Charge to Card: Paying in FULL: _____ Paying in 1/3: _____

Credit Card type: _____ Credit Card #: _____

Expiration Date: _____ Signature: _____

If paying 1/3 of tuition by credit card:

I am paying 1/3 of my child's tuition via credit card. I authorize Temple Beth Tikvah to automatically charge the above credit card for the remainder of my balance to be divided over the next two months.

Signature _____ Date _____

**Temple Beth Tikvah Religious School
Parental Consent and Release Form**

THIS PARENTAL CONSENT FORM grants permission for your child or children listed below to attend Temple Beth Tikvah Religious School events and activities, both on and off Temple grounds, during the 2010-2011 school year. This form acts as a general release and consent regarding your child(ren)'s attendance at any of the scheduled Religious School functions. This is a general permission form for **all** events that occur during the 2010-2011 school year. Reminders will be mailed prior to an event. At that time you will be asked to confirm whether or not your child(ren) will attend, notified of any fees that may be due, and whether you will be able to volunteer to chaperone.

THE UNDERSIGNED PARENT OR GUARDIAN, having read and understood this consented release, does hereby agree to allow the undersigned's child(ren) listed below to attend Temple Religious School events and activities, both on and off the grounds of Temple Beth Tikvah, and does also hereby agree to allow for the child(ren) to be transported in an automobile with a Temple participant driver and/or with an approved bus transportation company. Furthermore, the undersigned hereby releases and forever discharges Temple Beth Tikvah and its officers, trustees, employees, advisors, coordinators, chaperones, agents and their respective heirs at law, legal representatives, successors, and assigns from any and all claims, demands, damages, actions, causes of action, suits, and liabilities of every kind and nature, arising out of, resulting from, or relating to any incidents that may occur during any such Temple Religious School event or function, including, but not limited to any bodily injury to such child(ren).

In the event the child(ren) listed below require(s) medical treatment during any such Religious School event, the undersigned hereby authorizes the Religious School chaperone or coordinator to authorize emergency treatment for such child(ren) if necessary.

_____ Signed this _____ day of _____ 201____
(Parent or Guardian)

(Print Name)

Child's Name(s):

1. _____ 2. _____
3. _____ 4. _____

PUBLICITY RELEASE

I hereby give permission for photographs, videotapes, and audiotapes of my child(ren) to be made during school activities and to be used for school publicity.

(Parent or Guardian)

(Relation to child)

(Date)

**TEMPLE BETH TIKVAH RELIGIOUS SCHOOL
STUDENT EMERGENCY/MEDICAL INFORMATION**

Please complete this entire form. This information will help the Religious School to provide the appropriate care for your child during Religious School hours and in the case of any emergency. All information will be considered CONFIDENTIAL, and will only be shared on a “need to know” basis.

CHILD’S NAME _____ GRADE _____

I give permission for the school to release my child to the following people in case of an emergency:

PRIMARY EMERGENCY CONTACT NAME: _____

Relationship to Child: _____ Phone Number: () _____

SECONDARY EMERGENCY CONTACT NAME: _____

Relationship to Child: _____ Phone Number: () _____

MEDICAL INFORMATION

PRIMARY CARE PHYSICIAN NAME: _____

Hospital: _____ Phone Number: () _____

Are all of your child’s immunizations/vaccinations up to date? Yes No

Does your child have a chronic or recurring illness/condition? (diabetes, asthma, migraines, seizures, etc.)

Yes No If “yes”, please explain.

Does your child routinely take any medication? (ex: Claritin, Ritalin, insulin, etc.) Please list below. *If your child takes any medication regularly during the school weekday, please administer on Sunday mornings, as well.

Does your child need to have any medication with him/her during Religious School hours? (Insulin, Epi-pen, inhaler, etc.) Please list the names of medication and instructions for dispensing.

Does your child have any allergies? **Yes** **No** **If “yes”, please describe.**

All information listed above is accurate and correct to the best of my knowledge. On behalf of myself and the child named above, I do hereby release Temple Beth Tikvah, its employees, and the Religious School staff from any liability, expense or damages associated with any illness/injury suffered by my child directly or indirectly as a result from any emergency situation at school or the dispensing of any prescribed medication (or failure thereto) on the behalf of my child.

Parent/Guardian

Date



Dear Parents,

The TBT Religious School requires that divorced/separated parents provide the school with documentation of legal custody, physical custody, and visitation arrangements. We do not require a copy of your entire divorce decree, only the portion that pertains to custody.

The custody agreement or court order must clearly spell out any restrictions on access to school records or contact by a non-custodial parent, if applicable. All information will be kept confidential.

Please understand that requiring this legal documentation is for the safety and protection of your child. The Temple Beth Tikvah Religious School must abide by the court's ruling.

Please send a copy of this legal documentation with your registration form.

Thank you for your cooperation.
Sincerely,

Temple Beth Tikvah
Board of Education

TEMPLE BETH TIKVAH RELIGIOUS SCHOOL
STUDENT PROFILE QUESTIONNAIRE

CHILD'S NAME: _____ **GRADE:** _____

Please answer the following questions as completely as you can and return it with your child's registration. All profiles will be shared with your child's teachers and kept CONFIDENTIAL. The more information we have, the better we are able to create a meaningful learning environment for your child. Complete this form for each child in your family. **You may duplicate this form or complete the answers on the back of this page or on a separate sheet of paper. Please feel free to take as much room as necessary for completion of the questions.**

Thank you for your partnership with us in the education of your child. We are looking forward to reading your responses and learning how to best reach your child. Thank you for sharing this information. We look forward to a great year!

- 1.) What would you consider to be your child's strongest learning style? (Ex: Is s/he mostly an auditory or visual learner? Does s/he learn best by manipulating objects?)

- 2.) What are your child's favorite subjects in school; why do you think this is the case?

- 3.) What characteristics did your child's favorite teacher exhibit that made your child enjoy learning from him/her?

- 4.) How does your child feel about attending religious school this year?

5.) Which types of discipline methods have worked best with your child?

6.) How would you describe your child to someone who had never met him/her?

7) Does your child have any behavioral problems, learning disabilities or any special needs?

8) If your child has attended Religious School in previous years:

- a.) How has your child felt about religious school in past years?
- b.) What experiences in religious school has your child talked about the most?
- c.) In your best estimation, what is your child's strengths & weaknesses in religious school?

9) Please write any additional comments below that you think would assist us in the education of your child, and make it a positive experience for him/her.

Thank you for your thorough completion of this form. We are looking forward to a great school year.

TEMPLE BETH TIKVAH

**2010-2011 RELIGIOUS SCHOOL
CARPOOL FORM**

Please note, if your carpool group is the same from last year you will be able to keep the same number (please indicate below). After August 1st, new carpool numbers will automatically be assigned.

Family Name: _____

Cell Phone Number: (_____)_____

E-mail Address:_____

My carpool number for the 2009-2010 school year was_____

_____ **My carpool will have the same members and number from last year.**

_____ **I still have my laminated carpool number.**

_____ **I need a new laminated carpool number.**

_____ **My carpool has changed since the 09-10 school year. Same number, different members.**

_____ **I still have my laminated carpool number.**

_____ **I need a new laminated carpool number.**

_____ **My carpool has changed since the 09-10 school year. Different number, different members.**

CARPOOL MEMBERS

<u>STUDENT'S NAME</u>	<u>GRADE</u>	<u>CELL PHONE NUMBER</u>	<u>DAY (please circle)</u>		
_____	_____	_____	Sun	Tues	Sun & Tues
_____	_____	_____	Sun	Tues	Sun & Tues
_____	_____	_____	Sun	Tues	Sun & Tues
_____	_____	_____	Sun	Tues	Sun & Tues
_____	_____	_____	Sun	Tues	Sun & Tues
_____	_____	_____	Sun	Tues	Sun & Tues

****Please make sure only the captain of your carpool returns this sheet to the office.*** The carpool captain above will be responsible for relaying all carpool information to the carpool attendees. Once you, the carpool captain, have been notified of your assigned carpool number, please be sure to inform the parents of your carpool members. If you have any questions please feel free to contact the religious school office (770) 642-4168.

Please return form to: TEMPLE BETH TIKVAH- RS - Carpool
9955 Coleman Road
Roswell, GA 30075



SECURITY

Dear Religious School Parents,

The Board of Education and our Educators are asking your help in implementing a program first proposed in November 1999 to have parents assist in making the Religious School a more secure environment for the children. Parents will be assigned one date per year in which they will serve as our Door/Hallway Monitors. As most of you are aware, we have a Roswell police officer every school session to monitor the school while students are in the building. The officer constantly surveys the building and monitors the coming and going of parents, congregants, and visitors to our building. The primary purpose of the parent monitors will be to provide additional coverage by making sure that people, as they enter the building, have a reason for being there.

In a mailing to follow, each parent will receive an assigned date on which you will be asked to participate in our security project. On this date you (one or both parents) will need to arrive by 9:10 a.m. or 4:40 p.m. – depending upon whether you were assigned a Sunday or Tuesday date. A table will be set up in the religious school foyer that will be the parent monitor station. Parents will be in charge of making sure that students enter the classrooms at the appropriate time, checking parents and congregants into the building, and monitoring the hallway and school doors.

In order to take a student out of class early, a parent must come to the religious school office no later than 11:45 a.m. on Sundays or 6:15 p.m. on Tuesdays, present a driver's license, and then sign his/her child out of the school. Students will be called to the office by means of our intercom system. All parents who wish to take children out early **MUST** sign them out in the religious school office. Teachers **will not** release students unless a school staff member has instructed them to do so. Parents are discouraged from walking and/or talking in the halls or doing anything else that might be distracting to the students (e.g., peeking into the classroom).

On Sundays bring your child on/after 9:15 a.m. and Tuesdays bring your child on/after 4:45 p.m. We will block off the school hallway to prevent students from entering their classes before the above listed times. This is our only way of making sure that our students are supervised and safe at all times. If your child arrives early (i.e., more than 15 minutes before school begins) he/she will be required to sit and wait in the school lobby until the appropriate time.

Thank you for your cooperation and assistance.

Sincerely,
Temple Beth Tikvah
Board of Education

BE A RELIGIOUS SCHOOL VOLUNTEER!

Help our school run smoothly and show your commitment to TBT! It's a *mitzvah!*

Name _____

Address _____

Phone Number _____

E-Mail Address _____

Child(ren)'s Name(s):

Grade(s):

Please check all of the following areas of interest:

<input type="checkbox"/> CARPOOL ASSISTANCE Volunteer to help with dismissal of students after school.	<input type="checkbox"/> ROOM PARENT Provide teacher assistance as necessary and make phone calls to other parents.
<input type="checkbox"/> SEDER Volunteer to help organize, participate in, and/or clean up after the Seder	<input type="checkbox"/> SCHOOL OPENING COMMITTEE Help set up classrooms, distribute books and materials, and organize opening event.
<input type="checkbox"/> HANUKKAH/PASSOVER CANDY SALES Help publicize, distribute, collect, and tally materials.	<input type="checkbox"/> SUBSTITUTE TEACHER Volunteer to teach a class while a teacher is absent. Please specify if you read/speak Hebrew or if you would prefer a younger grade.
<input type="checkbox"/> SCHOLASTIC BOOKFAIR Volunteer to help organize, participate in, and/or clean up after the event in the fall.	<input type="checkbox"/> PURIM CARNIVAL ASSISTANCE Volunteer to help organize, participate in, and/or clean up after the event at Purim.
<input type="checkbox"/> PTA Help with various fundraising or programming work throughout the year..	<input type="checkbox"/> ART DEPARTMENT VOLUNTEER Assist art teachers in preparation of projects for students.
<input type="checkbox"/> WEEKLY FUNDRAISING PROGRAM Sales of Bagels, Pizza, Raffle Tickets, etc.	<input type="checkbox"/> RETREAT CHAPERONE For 5 th & 6 th grade parents. Attend retreat and chaperone group of students.