



Office Use Only	
Date: _____	Initials: _____
Family ID: «FamilyID»	

Registration Deadline June 25th

5779 (2018-2019) School Year Financial Form – ONE PAGE PER FAMILY

You must be a member in good standing and all previous years' school fees must be paid in full for your child(ren) to be enrolled in Religious School this year. If you have any questions regarding your membership status or outstanding school fees, please contact Jenny Korsen at 770-642-0434.

Grade 2018-2019	Sunday PreK-3 rd	Extended Sunday - #1	Sunday + Tuesday #2	Sunday + Tutoring #3		
PreK/Kindergarten	\$530.00	N/A	N/A	N/A	<i>I understand that it is the policy of Temple Beth Tikvah Religious School that no refunds will be given after the 3rd session of school. Prior to the 3rd session any refunds will be subject to a \$100 administrative fee per student.</i>	
1 st , 2 nd & 3 rd grades	\$760.00	N/A	N/A	N/A		
4 th , 5 th and 6 th grades	N/A	\$1,145.00	\$1,145.00	\$770.00* +36.00*		
7 th grade tuition and tutoring fees – \$1,455.00 – Families will be receiving a bill in May. You will still need to return all the paperwork to register your child for the 7 th grade class. Tutoring is scheduled on Thursday afternoons. *Book Fee of \$36.00 – for students Sunday + tutoring. These students must also secure their own private tutor and pay for their tutoring on their own.						
8 th -9 th Keshet	\$720.00	Any registration packet not received by June 25th will be charged a late fee of \$75 per child.				
10 th Confirmation	\$850.00					
11 th -12 th Kivunim	\$445.00					
First Name	Last Name	Grade	Option # 1, 2 or 3	Tuition	Discount	Sub-total
For children in 4 th – 6 th grade – Please indicate which option you would like for religious school						
Student 1						\$
Student 2					-\$15	\$
Student 3					-\$15	\$
PLUS ACTIVITY FEE PER STUDENT \$50 X # _____ OF STUDENTS						\$
If your child is a new 4th – 6th grade student and has never been in religious school there is a minimum \$300 fee per child per semester for additional Hebrew tutoring.						\$
TOTAL TUITION AMOUNT						\$

Parent/Guardian Signature: _____ Date: _____

Payment Information	
I would like to make a tax deductible contribution to the: Religious School Scholarship Fund \$ _____	
Religious School Enrichment Fund \$ _____	
<input type="checkbox"/> Paying in full by check	Check Amount: \$ _____ Check #: _____
<input type="checkbox"/> Pay in 3 installments by check	Check Amount 1 \$ _____ Check #: _____
	Check Amount 2 \$ _____ Check #: _____
	Check Amount 3 \$ _____ Check #: _____
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 even if you have your credit card on file. THERE WILL BE A 3% ADMINISTRATIVE CHARGE FOR THE USE OF CREDIT CARDS.	
<input type="checkbox"/> VISA OR <input type="checkbox"/> MASTERCARD	Name on Credit Card: _____
<input type="checkbox"/> Paying in full by credit card \$ _____	# _____ Exp. (MM/YYYY): _____
<input type="checkbox"/> Pay in 3 installments by credit card	
Amount 1: \$ _____ Amount 2: \$ _____ Amount 3: \$ _____	
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 over the next two months.	
Signature: _____	Date: _____

Family ID: _____



ONE PAGE PER STUDENT

Student Name: _____

Temple Beth Tikvah Religious School

5779 (2018-2019) Student Information and Emergency Form

Please verify that the information below is accurate. If not, please provide the correct information.

If you are using word to edit this document please highlight any changes

PLEASE ENCLOSE TWO SMALL PICTURES OF YOUR CHILD

STUDENT INFORMATION			
Last Name:	First Name:		
Hebrew Name:	Date of Birth:	Gender:	Age in Aug. 2018:
Student Cell #:	Student Email:		
School Name*:	School Phone*:	Grade in Aug. 2018:	

*School info is important for emergency closings.

Siblings attending Temple Beth Tikvah: _____
(Name) (Grade as of August, 2018) (Name) (Grade as of August, 2018)

NEW STUDENT? YES NO If yes, does your child have any previous formal Jewish Education? _____

Where received? _____ How many years? _____

Is your child receiving formal religious education in another faith? (Please specify): _____

If desired, name friends with whom your child would like to be placed in a K-6 grade class. We will do our best to honor at least one request if the request is reciprocal. Friend's Name: _____

How is the student spending their summer? _____

Is the student in a youth group or another Jewish organization? If yes, what? _____

Has the student visited Israel? If yes, when and on what program? If no, do you have plans to visit Israel? _____

ALL INFORMATION BELOW IS KEPT STRICTLY CONFIDENTIAL

MEDICAL NEEDS LIST (if applicable)

Please describe any allergies your child has. (food, medication, insect bites, severe bee sting reactions, etc.)

Visual Challenges _____ Hearing Challenges _____ Asthma _____ Seizure Disorder _____ Diabetes _____ Heart condition _____

Does your child take any medication(s)? If yes, please list: _____

Please explain any special circumstances in your family (e.g. birth, death, separation, restraining order, divorce, custody arrangements, etc.) If there is a change during the year, please keep us informed.

Does your child or anyone else in the family have a health condition of which we should be aware? _____



Temple Beth Tikvah of Religious School

Student Learning Profile

At Temple Beth Tikvah Religious School, we believe that every student is created in God’s image. We value the uniqueness of each student’s place in our community. Accommodations and supports will be implemented within our means and within the structure of our program on a case by case basis. We are committed to open communication and building partnerships with families so that we can most effectively meet the needs of each student. Our program, and our commitment to serving our students with a range of learning needs, continues to evolve as we strive to meet their ever-changing needs.

This information is being collected solely for the purpose of helping our students achieve their personal best and will be held in the strictest confidence. Our goal is to help every student celebrate who they are and how they can contribute to our Jewish community. Please ask your student to help you answer the questions.

This form will be kept with the Director of Congregational learning.

May we give a copy of this form to the student’s teacher(s)? Yes _____ No _____

This student learns best by: (check all that apply)

- Acting out/writing a skit
- Listening to a story read out loud/discussion
- Writing or drawing
- Music-related activities
- Reading and presenting information to the class
- Working in small groups
- Working alone
- Working one on one with the teacher or Madrichim (teen aide)
- Other _____

This student follows direction best: (check all that apply)

- Written on the board
- Written for them at their seat
- Verbally from the teacher
- Verbally one to one
- Other _____

Are there any ways in which we can help the student be more comfortable in class? (check all that apply)

- Give this student frequent breaks out of the room to concentrate best
- Allow this student to work on the floor, away from a desk
- Find a quiet place for this student to work
- Sit this student near someone who is working on the same task

Other _____

We know that many of our students have other commitments that sometimes conflict with their time here. Please let us know if there are such conflicts so that together we can partner to make sure the goals of their Jewish education are met:

What are your goals for your student’s Jewish Educational experience this year?

(check all that apply and please add details in the space provided)

- Be connected to other Jewish students
- Be able to participate in worship by decoding Hebrew
- Become knowledgeable about Jewish history
- Be engaged in thoughtful discussions around Jewish values
- Become engaged in social action projects
- Make a personal connection to Judaism
- Explore their personal theology/Make a personal connection to God
- Be able to participate in Jewish holidays and Jewish rituals
- Make a personal connection to Israel
- Make a personal connection to Torah/Find meaning in Jewish texts
- Explore how Judaism adds meaning and purpose in one’s life
- Other?

What, if any, are the learning accommodations your student has in school? (mainstream, self-contained, tutorial, learning center environment) **What are the reasons for these accommodations?**

If your student has learning accommodations, for us to best help this student learn it would be very helpful if you would share any educational reports or the educational section of your child’s Individual Education Plan that would enable us to help your child succeed. Please attach a copy of your child’s IEP or 504 with your application.

Would you like a phone call from the Director of Congregational Learning to discuss your student’s needs?

Yes _____ No _____

If yes, what is the best time and number to reach you? _____

We thank you for partnering with us in your family’s Jewish educational journey. We look forward to an exciting and fulfilling year for all of our students!

Family ID:

If you are using word to edit this document please highlight any changes

Parent /Guardian Information

With whom does the student reside: (Circle One) Parent 1 Parent 2 Both Guardian			
Parent/Guardian #1		Parent/Guardian #2	
Name:		Name:	
Address:		Address:	
Subdivision:	County:	Subdivision:	County:
Home #:	Cell #:	Home #:	Cell #:
Email Address:		Email Address:	

Emergency Contacts Please provide 2 emergency contacts

Name:	Name:
Relationship:	Relationship:
Best Number to Reach:	Best Number to Reach:

Carpool Information

Carpool Number:	Carpools With:
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If your child will have someone other than a parent check them out of school we need to know their name.
My child can be picked up by:

Student(s) name(s), grade: _____

Please check all that apply.

I am interested in:

1. Picking up and selling bagels: _____
2. Helping with classroom activities: _____
3. Helping with grade-level activities: _____
4. Helping with whole-school/mixed grade activities: _____
5. Helping with family activities: _____
6. Helping during religious school hours: _____
7. Helping "behind-the-scenes": _____

I have a specific talent I would like to contribute (Art, music, graphic design, etc.):

****Please feel free to include additional information on the bottom/back of the sheet.***

THANK YOU FOR YOUR PARTICIPATION!

Pizza and Bagels:

As part of our fundraising efforts we will again sell bagels on Sunday morning for \$2.00 as well as pizza (this includes a bottle of water) on Tuesday evening for \$2.00 a slice. If your child is not allowed to purchase these items or will only be using cash please indicate this below and we will note this on our snack list. Please enter any additional restriction on their account, for example, they are only allowed to purchase 2 slices of pizza. If your child purchases bagels or pizza please remember to send in a check or cash on the first day of school to fund their snack account. Unless otherwise indicated a pizza/bagel account will be set up for your child. If your pizza/bagel account is in arrears at the end of the school year, we will automatically bill your account. Pizza/bagel accounts do not carry over to the next year.

_____ Cash only - No account

_____ My child is not allowed to purchase anything

_____ Restrictions _____

I hereby give my consent to Temple Beth Tikvah, or its officers, trustees, employees, advisors, coordinators, chaperones, agents and their respective heirs at law, legal representatives, successors, and assigns, to make available to my child first aid or emergency medical care if necessary, at the parent or guardian's expense.

It is understood that a conscientious effort will be made to notify me (or my spouse) before such action is taken. It is further understood that every effort will be made to contact my child's physician prior to any treatment.

However, in the event that this is not possible, I give my permission for my child to receive proper medical care by any medical practitioner or hospital licensed by the State of Georgia.

This is to certify that my child is in good physical health. **He/she has my permission to participate in all Activities (including field trips) that are part of the regular religious school program.**

Name of Physician: _____ Phone # _____
Name of Insurance Company: _____ Insured's Name: _____
Policy Number: _____ Group Number: _____
Parent's Signature: _____ Date: _____

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 2018-2019 school year (collectively referred to as "Activities"). This form acts as a general release and consent regarding your child's attendance at Activities. This is a general permission form for **all** Activities that occur during the 2018-2019 school year. Reminders will be mailed prior to specific Activities. At that time you will be asked to confirm whether or not your child will attend, notified of any fees that may be due, and asked whether you will be able to volunteer to chaperone or drive.

In consideration for the willingness of Temple Beth Tikvah to accept the child or children of the parent or guardian signing below in its religious school program, and for other good and valuable consideration, the receipt and sufficiency of which are acknowledged, the undersigned parent or guardian does freely, voluntarily and without duress execute the following release for and on behalf of him or herself and his or her heirs, successors, beneficiaries and assigns:

THE UNDERSIGNED PARENT OR GUARDIAN, having read and understood this consented release, does hereby agree to allow the undersigned's child or children listed below to attend Activities, both on and off the grounds of Temple Beth Tikvah, and does also hereby agree to allow for the child to be transported in an automobile with a Temple participant driver and/or with a bus transportation company engaged by Temple Beth Tikvah. 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 ("the Released Parties") 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 Activities, including, but not limited to any bodily injury, personal injury, illness, death or property damage that may arise out of, occur during or result from Activities, including transportation to and from Activities, regardless of whether caused in whole or in part by an act or omission of a Released Party. The undersigned also understands that Activities may involve activities that may be hazardous to the child or children and inherently dangerous risks, including but not limited to physical activity or travel to and from locations where Activities are performed. The undersigned hereby expressly and specifically assumes the risk of damage, injury, harm or death in connection with such Activities.

THE UNDERSIGNED PARENT OR GUARDIAN releases, forever discharges, indemnifies, and holds harmless the Released Parties from any claim, demand or cause of action whatsoever arising out of or relating to any first aid or medical treatment rendered in connection with any Activities in which my child participates.

THE UNDERSIGNED PARENT OR GUARDIAN gives Temple Beth Tikvah permission to take photographic images, video or audio recordings of my child, and grants and conveys to Temple Beth Tikvah all right, title and interest in any and all photographic images and video or audio recordings made by or for Temple Beth Tikvah during my child's participation in the Activities, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

THE UNDERSIGNED PARENT OR GUARDIAN expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the state of Georgia, and that this Release will be governed by and interpreted in accordance with the laws of the state of Georgia without giving effect to its conflict of laws rules. The undersigned agrees that in the event that any clause or provision of this Release is held to be invalid by any court of competent jurisdiction, the invalidity of that clause or provision will not affect the remaining provisions of this Release, which will continue to be enforceable. The undersigned agrees that the sole and exclusive jurisdiction and venue for litigation related to a dispute under this agreement will be a state or federal court having jurisdiction over Fulton County, Georgia.

Parent/Guardian Signature _____

Date _____

ONE PAGE PER FAMILY

Family ID: _____

MANDATORY REPORTING ACKNOWLEDGEMENT

I acknowledge my legal responsibility to be a mandated reporter and acknowledge the policy and procedures (listed below) of Temple Beth Tikvah. Both parents must sign this section.

Parent 1: Name: _____
 Parent/Guardian Signature: _____
 Date _____

Parent 2: Name: _____
 Parent/Guardian Signature: _____
 Date _____

SCHOOL DIRECTORY CONSENT: We will publish a school directory this year. We will include name, address, home phone number, subdivision, county, public school, grade/teacher and parents' names and emails. This will be an electronic directory.

Please add our family to the school directory: Yes: _____ No: _____

You will only receive a directory if your information is listed in it.

**All forms must be returned with your registration packet.
Failure to do so will delay your registration.**

In the State of Georgia, all volunteers are mandated reporters. This means when a person who volunteers in a school or any program with children, they are mandated by law to report suspicions of abuse.

Child service organization personnel means: persons employed by or volunteering at a business or an organization, whether public, private, for profit, not for profit, or voluntary, that provides care, treatment, education, training, supervision, coaching, counseling, recreational programs, or shelter to children.

This document is provided to have every volunteer and staff member acknowledge his/her legal obligation to be a mandated reporter in cases of child abuse or neglect. Please read these provisions carefully:

How Many Children are Affected?

- Every 25 minutes, a child is the victim of abuse in Georgia (*Prevent Child Abuse Georgia*).
- 1 in 4 girls and 1 in 6 boys are sexually abused before their 18th birthdays.
- In more than 90% of sexual abuse cases the child and the child's family know and trust the abuser.
- Every day, 33 children are the victims of confirmed abuse or neglect.
- 200 incidents of child abuse and neglect are reported daily.
- 99 children died from abuse and neglect in 2014.
- On any given day, about 8,000 children are in the foster care system.
- 22,163 cases of child maltreatment were reported in Georgia in 2014

Temple Beth Tikvah is committed to keeping our children safe

If a child tells volunteer of an incident or volunteer has reason to suspect child abuse it MUST be reported. Temple Beth Tikvah defines child abuse as physical, sexual, or emotional abuse, or neglect of the child, or any other unsafe circumstances affecting the child. In the event volunteer learns of or suspects child abuse, Temple Beth Tikvah requires volunteer to follow the approach outlined below.

If a child confides in volunteer or volunteer suspects abuse, do not ask questions of the child, as this may cause confusion or a change in the story. Instead, report the incident to Temple Beth Tikvah's Director of Congregational Learning or the person in charge of the event if the Director of Congregational Learning is not available. The person in charge of the event should make a factual report to the Director of Congregational Learning. The Director of Congregational Learning will then report the suspected child abuse to the proper authorities. After the Director of Congregational Learning reports the abuse to the proper authorities, a person trained in forensic interviewing will professionally interview the child.

If volunteer is told of the abuse of a child, then as soon as practicable, volunteer must document: (a) the child's exact words, (b) the date and time of the child's communication of the abuse to you, and (c) a detailed description of any physical evidence.

If volunteer makes the report of suspected abuse, Temple Beth Tikvah will assume that volunteer's report was made in good faith. Temple Beth Tikvah will not penalize volunteer if the accusation volunteer conveys results in a case which cannot be sustained.

Because of Temple Beth Tikvah's work with children, it is imperative that we closely abide by this policy as Temple Beth Tikvah is a mandated reporter.

This is what I need to do as a Mandated Reporter at Temple Beth Tikvah, in compliance with the State Law and the policy advanced by TBT's Board of Trustees:

2018-2019

- 1) Go to my Supervisor, either the Director of Congregational Learning, the Rabbi or the Cantor.
- 2) Provide them with the relevant information so that ONE OF THEM can document and report the necessary information. You will be listed as the mandated reporter, but one of our directors or clergy will make the call.
- 3) If danger is imminent, call 911 or the Fulton County Department of Family and Children Services

Satellite office:

- North Fulton Service Center, 6075 Roswell Road, NE, Suite 300, Atlanta, Georgia 30328, 404-252-2180
- <http://dfcs.dhs.georgia.gov/>
- If after hours/weekend, call the DFCS toll-free line: 1-855-GA CHILD or 1-855 422-4453 (open 5:00 p.m. – 8:00 a.m. weekdays / 24 hours on the weekend, holidays and furloughs)