

2016–2017 TOWN & VILLAGE HEBREW SCHOOL

We welcome all children at T&V Hebrew School. In keeping with a synagogue that is inclusive, diverse and egalitarian, we invite families of children with special needs to participate in our school. Please speak with Nina to see how we can best accommodate your child. For complete information about curriculum, fees, and school schedule please visit the Hebrew School page on the T&V website, www.tandv.org.

Membership Requirements We understand that many families are introduced to synagogue life through the Hebrew School. While you do not have to be a member to join our Hebrew School, T&V members are provided with a discounted rate. Families interested in celebrating their child's Bar/Bat Mitzvah at T&V must be members for a minimum of three years.

REGISTRATION

1. STUDENT INFORMATION

HEBREW SCHOOL STUDENT #1

Child's first name: _____

Child's last name: _____

Child's Hebrew name: _____

Child's birth date: _____

Child's cell phone: _____

Jewish by Birth Converted Other

Name of Secular School: _____

Grade in Secular School in 2016-2017: _____

I allow this child to walk home alone: Yes No

HEBREW SCHOOL STUDENT #3

Child's first name: _____

Child's last name: _____

Child's Hebrew name: _____

Child's birth date: _____

Child's cell phone: _____

Jewish by Birth Converted Other

Name of Secular School: _____

Grade in Secular School in 2016-2017: _____

I allow this child to walk home alone: Yes No

HEBREW SCHOOL STUDENT #2

Child's first name: _____

Child's last name: _____

Child's Hebrew name: _____

Child's birth date: _____

Child's cell phone: _____

Jewish by Birth Converted Other

Name of Secular School: _____

Grade in Secular School in 2016-2017: _____

I allow this child to walk home alone: Yes No

OTHER SIBLINGS:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

2. FAMILY INFORMATION

PARENT/GUARDIAN #1

Name (first and last): _____

Relationship to child(ren): Mother Father
 Other (please specify): _____

Marital Status: Single Married
 Separated/Divorced Widowed Partnered

Home phone: _____

Work phone: _____

Cell phone: _____

E-mail address: _____

Address: _____

City _____

State: _____

Zip: _____

Is this the child's primary residence? Yes No

Occupation: _____

Jewish by Birth Converted Other

PARENT/GUARDIAN #2

Name (first and last): _____

Relationship to child(ren): Mother Father
 Other (please specify): _____

Marital Status: Single Married
 Separated/Divorced Widowed Partnered

Home phone: _____

Work phone: _____

Cell phone: _____

E-mail address: _____

Address: _____

City _____

State: _____

Zip: _____

Is this the child's primary residence? Yes No

Occupation: _____

Jewish by Birth Converted Other

3. OTHER CONTACT INFORMATION

EMERGENCY CONTACT #1

Name (first and last): _____

Phone number during school hours: _____

EMERGENCY CONTACT #2

Name (first and last): _____

Phone number during school hours: _____

PERSON(S) AUTHORIZED

TO PICK UP MY CHILD(REN)

1. Name (first and last): _____

Phone number during school hours: _____

2. Name (first and last): _____

Phone number during school hours: _____

Please inform us of any special arrival or dismissal arrangements for your child(ren): _____

4. PERMISSION TO

PARTICIPATE IN FIELD TRIPS

I allow my child(ren) to leave the school building for local, chaperoned field trips. We will notify you when a trip is scheduled.

Yes No

Signature: _____

Privacy Notice: We will use this information only to enrich your child(ren)'s learning experience. Confidentiality will be maintained at all times, and this information will be shared only with your child(ren)'s teachers when appropriate.

MEDICAL INFORMATION

1. MEDICATION AND ALLERGIES

HEBREW SCHOOL STUDENT #1

Child's name (first and last): _____

Please inform us of any allergies and/or medical conditions that may impact your child during school hours: _____

Please inform us of all medications your child takes during the day that may impact your child during school hours:

_____ Please check if your child carries an Epi-Pen

Doctor name (first and last): _____

Doctor's phone number: _____ May we contact your child's doctor in case of emergency Yes No

HEBREW SCHOOL STUDENT #2

Child's name (first and last): _____

Please inform us of any allergies and/or medical conditions that may impact your child during school hours: _____

Please inform us of all medications your child takes during the day that may impact your child during school hours:

_____ Please check if your child carries an Epi-Pen

Doctor name (first and last): _____

Doctor's phone number: _____ May we contact your child's doctor in case of emergency Yes No

HEBREW SCHOOL STUDENT #3

Child's name (first and last): _____

Please inform us of any allergies and/or medical conditions that may impact your child during school hours: _____

Please inform us of all medications your child takes during the day that may impact your child during school hours:

_____ Please check if your child carries an Epi-Pen

Doctor name (first and last): _____

Doctor's phone number: _____ May we contact your child's doctor in case of emergency Yes No

Please fill out this form as accurately as possible. Fill in each blank space — all requested information is extremely important.

Privacy Notice: We will use this information only to enrich your child(ren)'s learning experience. Confidentiality will be maintained at all times, and this information will be shared only with your child(ren)'s teachers when appropriate.

2. LEARNING NEEDS

HEBREW SCHOOL STUDENT #1

Child's name (first and last): _____

Does your child have an IEP? Yes No Does your child have any type of special learning need? Yes No

If yes, please specify _____

Does your child receive any special services at secular school, such as special education classes, resource room pull-out programs, or other services? Yes No If yes, please specify _____

Check this box if you would like to speak to our Principal prior to the beginning of the school year to discuss your child's learning needs.

Is there any other information you think we should know about your child to help create a safe, effective, and meaningful educational experience? _____

HEBREW SCHOOL STUDENT #2

Child's name (first and last): _____

Does your child have an IEP? Yes No Does your child have any type of special learning need? Yes No

If yes, please specify _____

Does your child receive any special services at secular school, such as special education classes, resource room pull-out programs, or other services? Yes No If yes, please specify _____

Check this box if you would like to speak to our Principal prior to the beginning of the school year to discuss your child's learning needs.

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HEBREW SCHOOL STUDENT #3

Child's name (first and last): _____

Does your child have an IEP? Yes No Does your child have any type of special learning need? Yes No

If yes, please specify _____

Does your child receive any special services at secular school, such as special education classes, resource room pull-out programs, or other services? Yes No If yes, please specify _____

Check this box if you would like to speak to our Principal prior to the beginning of the school year to discuss your child's learning needs.

Is there any other information you think we should know about your child to help create a safe, effective, and meaningful educational experience? _____

Please fill out this form as accurately as possible. Fill in each blank space — all requested information is extremely important.

CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of my child(ren). I also grant to the right to edit, use, and reuse said products for nonprofit purposes including use in print, on the internet, and all other forms of media. I also hereby release Town & Village Synagogue and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Town & Village will adhere to the following limitations on the rights granted to it:

- The names of children under the age of 18 will not be published at any time, except with the parent's prior permission.
- Requests by adults that photographs of themselves or their minor children be removed from the T&V website or other public online sites will be honored.

Signature of Parent (or Guardian): _____ Date: _____

2016-2017 TOWN & VILLAGE HEBREW SCHOOL TUITION

TOWN & VILLAGE MEMBERS

K'tonton (Pre-School): \$1,450
 Gan (Kindergarten): \$1,450
 Aleph (1st): \$2,050
 Bet (2nd): \$2,050
 Gimmel (3rd): \$2,470
 Dalet (4th): \$2,470
 Hei (5th): \$2,950
 Vav (6th): \$2,950
 Bar/Bat Mitzvah Class (7th): \$2,950

TOWN & VILLAGE NON- MEMBERS

K'tonton (Pre-School): \$1,650
 Gan (Kindergarten): \$1,650
 Aleph (1st): \$2,450
 Bet (2nd): \$2,450
 Gimmel (3rd): \$3,200
 Dalet (4th): \$3,200
 Hei (5th): \$3,750
 Vav (6th): \$3,750
 Bar/Bat Mitzvah Class (7th): \$3,750

The Hebrew School meets on Sundays, Tuesdays and/or Thursdays. Sunday classes meet from 9:30-12:30. Tuesdays and Thursdays classes meet from 4:00-6:00PM.

K'tonton and Gan (Preschool and Kindergarten)	Sunday
Aleph, Bet, Gimmel (First, Second and Third Grade)	Sunday and Thursday
Dalet, Hei and Vav (Fourth, Fifth, and Sixth Grades)	Sunday and Tuesday
Bar/Bat Mitzvah (Seventh Grade)	Sunday and Thursday

Refund Policy A full refund less \$300 will be given prior to October 15. No refunds will be given afterward.

Multi Child Discount If your family is enrolling more than one, you may deduct \$200 PER FAMILY.

Early Bird Discount If you are registering before July 1, there is a \$200 discount per family.

Late Fee If you are registering later than September 1, there is a \$50 late fee per family.

HEBREW SCHOOL STUDENT #1

Child's name (first and last): _____ Tuition amount: \$ _____
 Grade: _____

HEBREW SCHOOL STUDENT #2

Child's name (first and last): _____ Tuition amount: \$ _____
 Grade: _____

HEBREW SCHOOL STUDENT #3

Child's name (first and last): _____ Tuition amount: \$ _____
 Grade: _____

Multi-child Discount? \$ _____
 Early Bird Discount? (Before July 1) \$ _____
 Late fees? (After September 1): \$ _____
TOTAL TUITION DUE: \$ _____

PAYMENT INFORMATION

Registration is completed when you pay in full or make your first payment. If you would like to set up a payment plan, please check one of the following payment agreements below.

- In three installments (August 1, December 1, April 1*)
- In 9 monthly installments – on the first of each month* starting in September. Your first installment is due with registration.

*If payment dates fall on Shabbat, weekend, or Holidays, the payment will be processed on following Monday.

- Check here for T&V to automatically charge installment payments to the credit card below**

Please consider making a contribution to help fund T&V Hebrew School student scholarships

Scholarship donation: \$ _____

BY CHECK:

- Enclosed** is my check* in a lump sum amount of \$ _____
- Enclosed** are _____ pre-dated checks*, each in the amount of \$ _____

*Please make all checks payable to *Town & Village Synagogue* and add "Hebrew School" in the memo line.

BY CREDIT OR DEBIT CARD:

- Please charge a lump sum of \$ _____ to my Credit/Debit Card
- Please charge the amount of \$ _____ August 1, December 1, April 1 to my Credit/Debit Card
 - Visa** **MasterCard**
- Please charge a monthly amount of \$ _____ to my Credit/Debit Card
 - Visa** **MasterCard**

Card Number _____ Exp Date _____ Billing Zip _____

Signature _____