

Dear Parents,

Registration for 2017-2018 is now open! Take advantage of our early bird discount of \$200 per family, if you register by July 1<sup>st</sup>.

We are pleased to announce registration forms that are already populated with your child's information. You will find your family's personalized form attached. Please check all of the information, fill in the blank spots, and updated as needed.

The Hebrew School meets on Sundays, Tuesdays and/or Thursdays.

Sunday classes meet from 9:30AM-12:30PM.

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 Grades)	Sunday AND Thursday
Dalet, Hei and Vav (Fourth, Fifth, and Sixth Grades)	Sunday AND Tuesdays
Bar/Bat Mitzvah (Seventh Grade)	Sunday AND Thursday

We need your help: word of mouth is by far our most effective advertising tool. It is important that we recruit new families for the next school year. Spread the word! Please have interested families call or email me.

Our opening day will be Sunday, September 10, 2017. Calendars will be sent out soon.

Looking forward to another wonderful year!

B'Shalom,

Nina Loftspring  
Principal

# 2017–2018 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](http://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 2017-2018: \_\_\_\_\_

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 2017-2018: \_\_\_\_\_

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 2017-2018: \_\_\_\_\_

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): \_\_\_\_\_

Marital Status:  Single  Married

Separated/Divorced  Widowed  Partnered

Phone numbers: \_\_\_\_\_

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): \_\_\_\_\_

Marital Status:  Single  Married

Separated/Divorced  Widowed  Partnered

Phone numbers: \_\_\_\_\_

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:

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\_\_\_\_\_  Please check if your child carries an Epi-Pen

Doctor name (first and last) and 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:

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\_\_\_\_\_  Please check if your child carries an Epi-Pen

Doctor name (first and last) and 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:

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\_\_\_\_\_  Please check if your child carries an Epi-Pen

Doctor name (first and last) and 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?      Does your child have any type of special learning need?

Does your child receive any special services at secular school, such as special education classes, resource room pull-out programs, or other services?

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?      Does your child have any type of special learning need?

Does your child receive any special services at secular school, such as special education classes, resource room pull-out programs, or other services?

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 #3**

Child's name (first and last):

Does your child have an IEP?      Does your child have any type of special learning need?

Does your child receive any special services at secular school, such as special education classes, resource room pull-out programs, or other services?

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: \_\_\_\_\_

## 2017-2018 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 \_\_\_\_\_