

2018–2019 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 all families to participate in our school and youth and family programming. 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.

Please speak with T&V 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.

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 2018-2019: _____

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 2018-2019: _____

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 2018-2019: _____

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. TELL US ABOUT YOUR CHILD(REN)

HEBREW SCHOOL STUDENT #1

Child's name (first and last): _____

How does your child learn best?: _____

What are your child's strengths: _____

Is there other information we should know about your child to help create a meaningful educational experience?

Does your child have an IEP or receive special services at school? 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

HEBREW SCHOOL STUDENT #2

Child's name (first and last): _____

How does your child learn best?: _____

What are your child's strengths: _____

Is there other information we should know about your child to help create a meaningful educational experience?

Does your child have an IEP or receive special services at school? 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

HEBREW SCHOOL STUDENT #3

Child's name (first and last): _____

How does your child learn best?: _____

What are your child's strengths: _____

Is there other information we should know about your child to help create a meaningful educational experience?

Does your child have an IEP or receive special services at school? 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

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: _____

2018-2019 TOWN & VILLAGE HEBREW SCHOOL SCHEDULE

K'tonton, Gan and Aleph (Pre-School, Kindergarten and First grade) will meet on Sunday mornings from 9:30-12:30.

Bet- B'nai Mitzvah (2-7th grade) will meet on Sunday mornings 9:30-12:30 **and** Thursday afternoons from 4-6PM.

Family Education

Bet, Gimmel, Dalet, and Hei (2nd, 3rd, 4th, and 5th grade) will have 4 Shabbat Family Education programs. These programs are already paid for through Hebrew School Tuition and are a part of Hebrew School. At least one adult should accompany your child(ren). Babysitting is available for younger siblings. When Family Education takes place, Hebrew School will not meet on Sunday.

Friday, November 9 (School will not meet Sunday, November 11)

Saturday, December 8 (School will not meet Sunday, Dec 9)

Friday, March 8 (School will not meet Sunday, March 10)

Saturday, May 11 (School will not meet Sunday, May 12)

Hei (5th grade) will participate in the 4 Family Education listed above, **1 Sunday Family Education program and 8 Jr. Congregations.**

In addition to the 4 Family Education programs, 5th graders will join for 8 Jr. Congregations throughout the school year on Saturday morning, Shabbat friendly attendance will be taken. On **Sunday, February 5**, at least one adult and the 5th grader will join together for World Wide Wrap and then the B'nei Mitzvah Unrolling event during Hebrew School.

Vav (6th grade) will participate in **3 Family Education programs and 13 Saturday mornings.**

1. Sunday, October 20, 9:30AM-12:30PM
2. World Wide Wrap, Sunday, February 5 9:30-10:30AM
3. Saturday morning, March 16, 9:30AM-12:30PM

Students will attend thirteen Saturday morning services in the **main service**. Students are expected to "sticker-in" to document attendance and foster independence.

B'nei Mitzvah (7th Grade) will participate in **3 Family Education programs and 9 Saturday mornings.**

1. Friday night service and dinner with Rabbi Sebert January 11
2. World Wide Wrap, Sunday, February 5 9:30-10:30AM
3. Saturday morning services and lunch with Cantor Postman, March 16, 9:30AM-1:30PM

Students will attend nine Saturday morning services in the **main service**. Students are expected to "sticker-in" to document attendance and foster independence.

2018-2019 TOWN & VILLAGE HEBREW SCHOOL TUITION

TOWN & VILLAGE MEMBERS

K'tonton (Pre-School): \$1,450
Gan (Kindergarten): \$1,450
Aleph (1st): \$1,750
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): \$2,050
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

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 child, 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 the 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** **Amex**
- Please charge a monthly amount of \$ _____ to my Credit/Debit Card
 - Visa** **MasterCard** **Amex**

Card Number _____ Exp Date _____ Billing Zip _____

Signature _____