

## Part I. Registration Letter

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Dear Parents,

It is time to register for the 2017-2018/5778 school year!

Below, you will find a checklist and materials to assist you with the spring registration process for the 2017-2018/5778 school year. Please read all instructions carefully, and return Parts II through V, along with your deposit, by June 30, 2017. We require only one registration per family. The following registration materials must be completed and returned to the school office:

- **Part II. Checklist for Registration.** This form helps ensure your registration is complete and confirms that you are aware of the acknowledgements regarding registration and payment.
- **Part III. Class and Time Choices.** Include the students' first and last names and current grade level for the upcoming school year.
- **Part IV. Tuition/Fee Schedule and Worksheet.** Families with multiple children enrolled in Temple Shalom Religious School are eligible for a Sibling Discount if these registration materials and the deposit are returned by June 30, 2017. Regardless of tuition payment mode, a required deposit of \$150 per student must be paid by June 30, 2017. **Discounts are only for Temple Shalom members (including Gift of Membership member families).**
- **Part V. Registration Information (three pages).** Parents/guardians and student(s) full name must appear on the forms and each child's grade for fall, 2017. Fill in all requested information.

Please include students' Hebrew names. If your child does not have a Hebrew name, please note that in the space provided. The proper form for a Hebrew name is first and middle name and parents' Hebrew names (if they have them). For example, *Yosef David ben Rachel v'Yaakov* means Joseph David, son of Rachel and Jacob. If the child is a daughter, use *bat* instead of *ben*. Separate parents' first names by "v".

Please note the following Temple Shalom Religious School policies:

- Classes are first-come, first-served and some classes do fill up. We will notify you immediately if the class you request is full and will place you on a waiting list. We will know in August if a session will be cancelled due to low enrollment (minimum, 10 students per class).
- We will notify you when your registration is confirmed as well as if you are wait-listed for a Hebrew day. If you have not received confirmation from us that means your registration is not confirmed.
- If you have any questions, the School Office will be open all summer during normal business hours Monday-Friday.
- Students must be current with the Maryland Department of Health and Mental Hygiene's vaccine requirements for children enrolled in preschool programs and school:  
[http://phpa.dhmh.maryland.gov/OIDEOR/IMMUN/Shared%20Documents/Min\\_Vacc\\_Req\\_2017-18\\_Final.pdf](http://phpa.dhmh.maryland.gov/OIDEOR/IMMUN/Shared%20Documents/Min_Vacc_Req_2017-18_Final.pdf)
- Gift of Membership member families are eligible for member tuition fees.

## Part I. Registration Letter

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- Important aspects of Temple Shalom Religious School tuition and registration:
  - Members must be current with all Temple financial obligations before religious school registration will be processed.
  - By **June 30, 2017** - A \$150.00 deposit **per student** must be submitted with registration forms. (\$125.00 per student is refundable up to August 1st.)
  - **September 28, 2017** - Tuition is due in full by September 28, 2017. Registered families opting to pay tuition over time must have their payment plan confirmed by the financial secretary.
  - Early registration is strongly encouraged because the number of teachers we hire and the number of sessions and classes for each grade depends on the number of students registered in a particular class.
  - At Temple Shalom, we firmly believe that your financial situation should not prevent you from accessing synagogue life or a religious school education. If you are unable to make the above payments as scheduled, please contact our Financial Secretary (Rachel Miller) at [FinancialSec@templeshalom.net](mailto:FinancialSec@templeshalom.net) or (516) 754-7439 as soon as possible to work out an alternative payment plan.

If you have any questions, please call the School Office at (301) 587-2273 or email me at [rabiackerman@templeshalom.net](mailto:rabiackerman@templeshalom.net) or email our school administrator at [school@templeshalom.net](mailto:school@templeshalom.net).

*L'Shalom,*

*Rabbi Rachel Ackerman*

Rabbi Rachel Ackerman  
Associate Rabbi  
Temple Shalom  
8401 Grubb Road  
Chevy Chase, MD 20815  
(301) 587-2273  
[rabiackerman@templeshalom.net](mailto:rabiackerman@templeshalom.net)

## Part II. Checklist for Registration

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Please sign and return this checklist with your deposit and registration forms.

*I am handing in my:*

- Part III Class and Time Choices, and Part IV Tuition/Fee Schedule and Worksheet (with all student information)
  - a. I have indicated on the registration form if my student(s) will be enrolled in Homework Club. Homework Club is required for all Tuesday and Wednesday 4:30 pm Hebrew School students arriving before 4:10 pm.
  - b. 3<sup>rd</sup>-7<sup>th</sup> grade students MUST sign-up for BOTH Sunday and Hebrew School.
  - c. 4<sup>th</sup>-7<sup>th</sup> Hebrew students must select between *Mitkadem* and *Ivrit B'Yachad* methodologies. (For questions about which class will best meet your students' needs, please see your children's spring progress report or contact your children's Hebrew teacher or Rabbi Ackerman.)
- Part V Registration Information
  - a. Parent/Guardian and student information
  - b. Emergency Contact Information
  - c. Temple Shalom Class Lists permission
  - d. Allergies and Health information
  - e. Learning Needs information
  - f. Media Release Permission
- Required deposit of \$150 per student
- Part II. Checklist for Registration (this form)

*I acknowledge that:*

- All families, excluding families with children only in Kids' Time, must be members of Temple Shalom (Gift of Membership families are full members of Temple Shalom).
- Classes are filled on a first-come, first-served basis. I will be notified when my registration is complete and if I am placed in a class other than what I have requested.
- My registration is **not complete** unless I am current in my Temple financial obligations.
- The students I am enrolling are current with the Maryland Department of Health and Mental Hygiene's vaccine requirements for children enrolled in preschool programs and school:  
[http://phpa.dhmh.maryland.gov/OIDEOR/IMMUN/Shared%20Documents/Min\\_Vacc\\_Reg\\_2017-18\\_Final.pdf](http://phpa.dhmh.maryland.gov/OIDEOR/IMMUN/Shared%20Documents/Min_Vacc_Reg_2017-18_Final.pdf)

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Parent/Guardian Signature

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Date

## Part IV. Tuition/Fee Schedule and Worksheet

**Sunday School:** Find your child(ren)'s grade

Program and Session Choice		Kids' Time Child w/ Adult (Infant - 3 yr.) 9:15-10:45 am	Pre-K-5 <sup>th</sup> Grade Religious School (3 yr.+) 9-11:30 am	6 <sup>th</sup> -7 <sup>th</sup> Grade Religious School 6-8 pm	8 <sup>th</sup> and 9 <sup>th</sup> Grade <i>Chai</i> School 6-8 pm	10 <sup>th</sup> Grade Confirmation 6-8 pm & some Weds	11 <sup>th</sup> and 12 <sup>th</sup> Grade Post- Confirmation 6-8 Sun PM and monthly Fri or Sat
Student's Name	Grade						

**Hebrew School (3<sup>rd</sup> through 7<sup>th</sup> Grade Only):** Find your child(ren)'s grade - Choose day/time & program where applicable

Program and Session Choice		Homework Club*	3 <sup>rd</sup> Grade Choose Day & Time			4 <sup>th</sup> -7 <sup>th</sup> Grades Choose Day & Time and Choose Class			
Student's Name	Grade	3:30-4:30 pm	Tues 4:30- 6 pm	Wed 4:30- 6 pm	Wed 6:30- 8 pm	Tues 4:30- 6 pm	Wed 4:30- 6 pm	Wed 6:30- 8 pm	<i>Mitkadem</i> ** <i>Ivrit B'Yachad</i> ***

\*Homework Club is mandatory for the safety of all students who are arriving before 4:10 pm for their 4:30 pm Tuesday or Wednesday Hebrew School classes.

\*\**Mitkadem* (Forward): Hebrew program for students who are motivated by working in small groups or individually. See your child's spring progress report or contact your child's Hebrew teacher for a Hebrew class recommendation.

\*\*\**Ivrit B'Yachad* (Hebrew Together): Hebrew program for students who benefit from a more structured environment with a kinesthetic and oral approach to learning. See your child's spring progress report contact your child's Hebrew teacher for a Hebrew class recommendation.

## Part IV. Tuition/Fee Schedule and Worksheet

### Tuition and Fee Schedule (includes materials)

Grade	Class	Member Fees
Kids' Time (infant- 3 yrs. old w/adult)	Sunday Program	\$415/family <i>Non-members welcome!</i>
Pre-K - 2 <sup>nd</sup> Grade	Sunday School	\$780
3 <sup>rd</sup> -5 <sup>th</sup> Grade	Sunday and Hebrew School	\$1305
6 <sup>th</sup> - 7 <sup>th</sup> Grade	Sunday and Hebrew School	\$1,285
8 <sup>th</sup> Grade	<i>Chai</i> School	\$900
9 <sup>th</sup> Grade	<i>Chai</i> School	\$920
10 <sup>th</sup> Grade	Confirmation	\$1,330 (does not incl. NY trip fee)
11 <sup>th</sup> - 12 <sup>th</sup> Grade	Post-Confirmation	\$510
3 <sup>rd</sup> - 7 <sup>th</sup> Grade Homework Club*	Optional	\$115

#### \*HOMEWORK CLUB

This club is for our 3<sup>rd</sup>-7<sup>th</sup> graders who arrive or are dropped off at Temple Shalom for Hebrew School without a parent/guardian staying with them between 3:30 pm and 4:10 pm. If your child will be arriving or dropped off by 4:10 pm, they must be enrolled in Homework Club where they will be supervised by a teacher and can do homework or play outside (or quietly inside).

#### HERMAN ROSENFELD FUND

It is a Temple Shalom priority that all Temple Shalom member families have access to a religious school education. The Herman Rosenfeld Fund provides funds to families in need to meet religious school obligations. To support families by giving *Tzedakah* to this fund, please indicate your donation below and the Temple office will add this amount to your bill. Thank you for your generosity.

I would like to donate \$\_\_\_\_\_ to the Herman Rosenfeld Fund.

### Tuition and Fee Worksheet

Student's Name	Grade in Fall	Tuition	*Homework Club	Sibling Discount \$36/child	Late Fee \$36/child	Total Fee Per Student
		See Schedule	\$115	Available only if forms returned by June 30	Per child for forms submitted after June 30	\$
						\$
						\$
						\$
						\$
**Optional First Friday Potluck Dinner Donation: Select an amount to the right or enter your own amount.						\$18, \$36, \$54, _____
						Grand Total \$

#### Required Deposit

\$150 per student due by **June 30, 2017** Total Amount Enclosed \$\_\_\_\_\_

#### \*\*FIRST FRIDAY POTLUCKS

Thank you for making a donation to support our potluck dinners. Your donation helps to ensure the continuation of this wonderful program.

This donation is in honor of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Part V. Registration Information

<b>Parent/Guardian #1</b> Name _____ Mailing Address _____ _____ _____ Home _____ Work _____ Cell _____ Email _____	<b>Parent/Guardian #2</b> Name _____ Mailing Address _____ _____ _____ Home _____ Work _____ Cell _____ Email _____
<b>Student(s)</b> Primary Mailing Address _____ _____	
<b>Student #1</b> English Name _____ Gender _____ Birthdate _____ Hebrew Name _____ Age _____ School Grade, Fall 2017 _____ Allergies/Health Needs? Yes ___ No___ Learning Needs/Disabilities/Gifted? Yes ___ No ___ If yes, please provide information on next page Name of the School your student will be attending in the fall: _____	
<b>Student #2</b> English Name _____ Gender _____ Birthdate _____ Hebrew Name _____ Age _____ School Grade, Fall 2017 _____ Allergies/Health Needs? Yes ___ No___ Learning Needs/Disabilities/Gifted? Yes ___ No ___ If yes, please provide information on next page Name of the School your student will be attending in the fall: _____	
<b>Student #3</b> English Name _____ Gender _____ Birthdate _____ Hebrew Name _____ Age _____ School Grade, Fall 2017 _____ Allergies/Health Needs? Yes ___ No___ Learning Needs/Disabilities/Gifted? Yes ___ No ___ If yes, please provide information on next page Name of the School your student will be attending in the fall: _____	
<b>Student #4</b> English Name _____ Gender _____ Birthdate _____ Hebrew Name _____ Age _____ School Grade, Fall 2017 _____ Allergies/Health Needs? Yes ___ No___ Learning Needs/Disabilities/Gifted? Yes ___ No ___ If yes, please provide information on next page Name of the School your student will be attending in the fall: _____	
<b>Medical Information</b> Physician's Name _____ Telephone Number _____ Insurance Company _____ Policy # _____	

## Part V. Registration Information

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### Allergies and Health Needs of Student(s)

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### Learning Needs/IEPs/Documented Learning Disabilities/Gifted Program of Student(s)

If your child has special learning needs, Rabbi Ackerman looks forward to meeting with you in advance of the start of the school year in order make sure all needs are met.

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### Emergency Contact Information

In the event of an emergency, when I/we are unable to be notified, I give permission for the best available medical treatment to be administered to my children. Should my child become ill or should there be a civil defense emergency or natural disaster and a parent or guardian cannot be reached, please notify one of the following people, whom I authorize to pick up my child(ren).

Name #1 \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Name #2 \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Name #3 \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

I authorize the Temple Shalom Religious School to obtain immediate medical care for my children should there be a medical emergency and I cannot be reached.

Parent/Guardian Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

## Part V. Registration Information

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### Temple Shalom Class Lists

Each year we publish class lists with all students' and parents'/guardians' names, address, email, and phone information. Please check the box below **ONLY IF YOU DO NOT** want us to include your student(s) on these lists.

I withhold permission to publish my students' names in a Temple directory by class.

Print Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

### Media Release Permission Form for 5778 - 2017-2018

Occasionally we may supply information to the local community newspapers or post pictures on our website about programs in which Religious School students participate. Please check one of the boxes below **ONLY IF YOU DO NOT** want us to use or release images and/or names of your student(s).

Do not use or release any images of my student(s) in connection with Religious School activities.

You may use or release images of my student(s) in connection with Religious School activities, but do not identify my student(s) by name in any photographs.

Print Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**Please return completed forms by June 30, 2017 to:**

Temple Shalom  
8401 Grubb Road  
Chevy Chase, MD 20815