

Part I. Registration Letter

Dear Parents,

It is time to register for the 5780/2019-2020 school year! Please use Online Registration by June 19, which has pre-populated most of the information and qualifies for Early Bird/Online Discount of \$100 per student.

- Register by June 19 and do so online to receive Early Bird/Online Discount of \$100 per student. Discount will appear on Temple statement; both online and paper forms show Standard Fees.
- Early Bird/Online Discount reflects significant administrative/planning cost savings to Temple from timely registration and from use of Online Registration by June 16.
- To receive the Early Bird/Online Discount you must register Online by June 19. No exceptions will be made.
- \$150 deposit required per student; \$100 per student is refundable up to August 1.

* * *

1. We require only one set of registration forms per family.
2. Please read all instructions carefully and then log onto your Member-only account at www.templeshalom.net under the Membership tab. If you need your Username or Password, please contact Cheryl McGowan at cmcgowan@templeshalom.net. **Complete Online Registration by June 19 to receive Early Bird/Online Discount.**
3. Alternatively, return Parts II through V, along with your deposit, by June 19, 2019, 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 grade level for the upcoming school year.
 - **Part IV. Tuition/Fee Schedule and Worksheet.** A deposit of \$150 per student must be paid by June 16, 2019.
 - **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, 2019. Fill in all requested information. Information is pre-populated if you use the Online Form.

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'".

Part I. Registration Letter

Please note the following Temple Shalom Religious School policies:

- Classes are first-come, first-assigned 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, closing at 3 p.m. on Friday for Shabbat.

Students must be current with the Maryland Department of Health and Mental Hygiene's vaccine requirements for children enrolled in preschool programs and school:

https://phpa.health.maryland.gov/OIDEOR/IMMUN/Shared%20Documents/2019_CCA_Vacc_Req_Final.pdf

Important aspects of Temple Shalom Religious School tuition and registration:

- **With exception to participation in Kids' Time, all families with children in the religious school must be Temple Shalom members. Members must be current with all Temple financial obligations before religious school registration will be processed.**
- **By June 19, 2019 - A \$150.00 deposit per student must be submitted with registration forms. (\$100.00 per student is refundable up to August 1.)**
- **September 27, 2019 - Tuition is due in full by September 27, 2019. Registered families opting to pay tuition over time must have their payment plan confirmed by our Financial Secretary before this date.**
- **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. The Temple incurs significant increased costs for registrations after June 16, which is reflected in the Early Bird/Online Discount.**
- **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 or otherwise need to discuss financial concerns, please contact our Financial Secretary at FinancialSec@templeshalom.net as soon as possible to work out an alternative payment plan.**
- It is the longstanding belief and tradition at Temple Shalom that continuation of formal Jewish education for our youth through their Confirmation Year (10th Grade) is essential to establishing a life-long Jewish identity. Temple Shalom requires at the time of receiving a *b'nei mitzvah* date that each student's family commit that its student will continue their formal Jewish education (either here or through an alternative program) through 10th Grade graduation (although students may make an informed choice not to actually be confirmed) and that each student be aware of this commitment. If you have any questions, please discuss them with our clergy.

If you have any questions, please call the School Office at (301) 587-2273 or email at rabbipotts@templeshalom.net (before June 30) or rabbirosenberg@templeshalom.net (after July 1) or email our school administrator at school@templeshalom.net.

Part II. Checklist for Registration

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. 3rd-7th grade students **MUST sign-up for BOTH Sunday and Hebrew School.**
 - c. 4th-7th Hebrew students must select between *Mitkadem*, *Ivrit B'Yachad*, or *Makom Shalom* methodologies. (For questions about which class will best meet your students' needs, please contact your child(ren's) Hebrew teacher or the Rabbi Educator.
- 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
 - g. Room Parent Volunteer Form
- 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-assigned 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:
https://phpa.health.maryland.gov/OIDEOR/IMMUN/Shared%20Documents/Min_Vacc_Req%2019_19_Final.pdf

Parent/Guardian Signature

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 th Grade Religious School (3 yr.+) 9-11:30 am	6 th -7 th Grade Religious School 6-8 pm	8 th and 9 th Grade <i>Chai</i> School 6-8 pm	10 th Grade Confirmation 6-8 pm & some Weds	11 th and 12 th Grade Post- Confirmation 6-8 Sun PM and monthly Fri or Sat
Student's Name	Grade						

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

Program and Session Choice		Homework Club*	3 rd Grade - 7 th Grades Choose Day & Time			4 th - 6 th Grades 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	<i>Mitkadem</i>	<i>Ivrit B'Yachad</i>	Makom Shalom

*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 self-motivated by working in small groups or individually. 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 guided kinesthetic and oral approach to learning. contact your child's Hebrew teacher for a Hebrew class recommendation.

*****Makom Shalom* (a place of peace): For students requiring an individualized Hebrew plan as they have an IEP in school

Part IV. Tuition/Fee Schedule and Worksheet

REGISTER ONLINE BY JUNE 19 FOR EARLY BIRD/ONLINE DISCOUNT OF \$100 PER STUDENT

Tuition and Fee Schedule (includes materials)

Grade	Class	Standard Fees
Kids' Time (infant- 3 yrs. old w/adult)	Sunday Program	\$535/family <i>Non-members welcome!</i>
Pre-K - 2 nd Grade	Sunday School	\$920
3 rd -5 th Grade	Sunday and Hebrew School	\$1,470
6 th - 7 th Grade	Sunday and Hebrew School	\$1,450
8 th Grade	<i>Chai</i> School	\$1,045
9 th Grade	<i>Chai</i> School	\$1,065
10 th Grade	Confirmation	\$1,970
11 th - 12 th Grade	Post-Confirmation	\$640
3 rd - 7 th Grade Homework Club*	Optional	\$120

*HOMEWORK CLUB

This club is for our 3rd-7th 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).

HELP STUDENTS IN NEED

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

Tuition and Fee Worksheet

Student's Name	Grade in Fall	Tuition	*Homework Club	Subtotal Fees
		See Schedule	\$120	
				\$
				\$
				\$
				\$
				\$
TOTAL DONATION(S)**				Donation (circle): \$36, \$54, \$72, \$180 Other: _____
			Grand Total	\$

*Parent EGroup

In order to facilitate community building activities for Temple shalom families, we are creating a restricted e-list to help organize after-school get-togethers, carpools, *Shabbat*, and *Havdalah* programs. Please check here if you are **not** interested in being included

I would like to donate
\$ _____ for
tuition assistance.

**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

_____.

Required Deposit of \$150 per student

Total Amount Enclosed \$ _____

Part V. Registration Information (Pre-Populated with Online Registration)

Parent/Guardian #1 Name _____ Mailing Address _____ _____ Home _____ Work _____ Cell _____ Email _____ *	Parent/Guardian #2 Name _____ Mailing Address _____ _____ Home _____ Work _____ Cell _____ Email _____ *
Student(s) Primary Mailing Address _____ _____	
Student #1 English Name _____ Preferred Gender Pronouns _____ Birthdate _____ Hebrew Name _____ Age _____ School Grade, Fall 2019 _____ 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: _____	
Student #2 English Name _____ Preferred Gender Pronouns _____ Birthdate _____ Hebrew Name _____ Age _____ School Grade, Fall 2019 _____ 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: _____	
Student #3 English Name _____ Preferred Gender Pronouns _____ Birthdate _____ Hebrew Name _____ Age _____ School Grade, Fall 2019 _____ 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: _____	
Student #4 English Name _____ Preferred Gender Pronouns _____ Birthdate _____ Hebrew Name _____ Age _____ School Grade, Fall 2019 _____ 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: _____	
Is there is additional information we need please let us know here: _____ _____ _____	
Medical Information Physician's Name _____ Telephone Number _____ Insurance Company _____ Policy # _____	

Part V. Registration Information (Pre-Populated with Online Registration)

Allergies and Health Needs of Student(s)

Learning Needs/529 Plans/IEPs/Learning or Other Disabilities/Gifted Program of Student(s)

If your child has special learning needs, we look forward to meeting with you in advance of the start of the school year in order to make sure all needs are met. Please provide copies of any 529/IEP Plans separately.

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 child(ren). Should my child(ren) 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 Temple Shalom to obtain immediate medical care for my child(ren) should there be a medical emergency and I cannot be reached.

Parent/Guardian Signature _____

Print Name _____ Date _____

Part V. Registration Information (Pre-Populated with Online Registration)

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 _____

Image Release Permission for 5780/2019-2020

Occasionally we may supply information to the local community newspapers or post pictures on our website/social media sites about programs in which Religious School students participate or create promotional materials for the synagogue or Religious School. 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).

You may use or release images of my student(s), but do not identify my student(s) by name in any images.

Print Parent/Guardian Name _____

Parent/Guardian Signature _____

Volunteer Room Parent

Room parents are important! Would you like to volunteer to provide classroom support to one of our teachers? Or help be the important communication link for your child's class? No matter how much time you have to spare, participating in a child's classroom can do wonders for a child's success in school as well as provide a great way for you to be involved in the Temple Shalom community.

Yes, I would like to volunteer to become a room parent.

Print Parent/Guardian Name _____

Parent/Guardian Signature _____

Please return completed forms to:

Temple Shalom
8401 Grubb Road
Chevy Chase, MD 20814