

**Temple Beth Israel**  
**Religious and Hebrew School Registration 2019-2020**  
*Academic Year 5780 (2019-2020)*



Welcome to our new school registration form layout. This form allows you to register BY FAMILY.

<b>Parent #1 Name:</b>	<b>Parent #2 Name:</b>
<b>Home Phone:</b>	<b>Home Phone: (if different)</b>
<b>Mobile:</b>	<b>Mobile:</b>
<b>Home Address</b>	<b>Home Address (if different)</b>
<b>Email address:</b>	<b>Email Address:</b>
<b>If separated or divorced, to whom should mail be sent (circle one):</b>	
Parent 1	Parent 2
BOTH	

Emergency Contact Numbers	
<b>Name:</b>	<b>Name:</b>
<b>Relationship:</b>	<b>Relationship:</b>
<b>Phone:</b>	<b>Phone:</b>

The following people are approved to pick up my child from Sunday school or Hebrew school as applicable. Identification may be required during pickup.	
<b>Name:</b>	<b>Relationship:</b>
<b>Name:</b>	<b>Relationship:</b>
<b>Name:</b>	<b>Relationship:</b>

I am interested in learning more about a carpool to/from Hebrew and/or Sunday School.

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<b>Child's Name:</b>		<b>Hebrew Name (if available):</b> (Transliterated ok)	
<b>Child's Address (if different from primary parent):</b>			
<b>City:</b>	<b>Illinois</b>	<b>Zip:</b>	<b>Home Phone:</b>
<b>Secular School Grade 2019-2020:</b>		<b>School Name:</b>	
<b>Date of Birth:</b>		<b>Gender/Pronoun:</b>	
<b>T-Shirt Size:</b>			

**Medical Information**

To help us program successfully for your child, please complete the following questionnaire, and return it with your registration form. A form must be filled out for each child, even if nothing is relevant at this time. Registration forms without the medical form included will not be accepted. If your child has special needs in any of these areas, please check the item(s) and add any additional pertinent information. (If you need additional space, please use the reverse side of this form.) Please notify the school office of any changes during the school year in order that we can best serve your child. All information will remain confidential. Thank you for your cooperation.

<input type="checkbox"/>	<b>Learning or Reading Disabilities:</b> Should we modify any reading or writing expectations? What are the approaches that would help your child learn better?
<input type="checkbox"/>	<b>Social or Emotional Difficulties:</b> In what ways should we be extra sensitive to your child's social interactions? Are there other children with whom your child has particularly poor social interactions?
<input type="checkbox"/>	<b>Physical or Medical Problems:</b> Does your child take any medications for Attention Deficit Disorder or emotional concerns such as depression? Do allergies interfere with your child's alertness or hearing during some seasons? Should your child avoid certain foods or activities? Does your child require preferential seating because of hearing, vision or other?
<input type="checkbox"/>	<b>Medication:</b> Please list any medication your child is currently taking.
<input type="checkbox"/>	<b>Family Problems:</b> Have there been any family changes such as illness, death, divorce, moves or income status which may have a negative impact on your child's attention and school performance? If so, please explain below.
<input type="checkbox"/>	I would like to be contacted personally by my child's teacher.

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**Statement of Vaccination Status 2019-2020**

Given the overriding Jewish value that puts a premium on the maintaining of health, including the taking of preventative measures, along with the clear public health based need to protect the community as a whole, **we are requiring that all children enrolled at Temple Beth Israel be immunized in the manner determined by their pediatrician and other health professionals that is in concert with Illinois guidelines.**

My child/ren is/are current with their immunizations according to State of Illinois guidelines.

Date of last immunizations \_\_\_\_\_

My child/ren has/have a medical exemption. I am willing to discuss this with a designated pediatrician of TBI's choosing. (Your child and your privacy will be protected).

My child/ren is/are not immunized.

**Family Last Name** \_\_\_\_\_

Child #1 Name \_\_\_\_\_

Child #2 Name \_\_\_\_\_

Child #3 Name \_\_\_\_\_

Child #4 Name \_\_\_\_\_

The information I have listed above is true and accurate

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

This form will be kept secure and will only be available to TBI school administration.

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**Tuition**

A check for **FULL** tuition would be appreciated at time of registration. A minimum of **\$75.00** per child per program **MUST** accompany each registration. **Complete fees must be paid BEFORE January 1, 2020.** Please indicate the fees enclosed.

		<b>Discount for Cash/Check</b>	<b>Paid by Credit Card</b>	<b>Number Of Student</b>	<b>Amount Submitted</b>
<input type="checkbox"/>	Religious School Tuition Parent/Tot – 7 <sup>th</sup> Grade	\$440.00	\$460.00		
<input type="checkbox"/>	Hebrew School Tuition 3 <sup>rd</sup> Grade – 7 <sup>th</sup> Grade	\$420.00	\$440.00		
<input type="checkbox"/>	Bar/Bat Mitzvah Fee September 2019 – August 2020	\$950.00	\$980.00		
<input type="checkbox"/>	Gesher Program Grades 8 <sup>th</sup> & 9 <sup>th</sup>	\$200.00	\$206.00		
<input type="checkbox"/>	Chugim / Enrichment Classes K-2 (25 Sessions)	\$240.00	\$247.00		

Total: \_\_\_\_\_

By checking this box, I acknowledge that school fees must be paid in full by December 31, 2019.

(Circle one)

I would like to be billed:      Monthly                      Quarterly                      I plan to pay in full.

## INTERESTS AND OPPORTUNITIES

*Temple Beth Israel has a rich landscape of opportunities for involvement. Everything from Parent Education, Interfaith conversations, and helping out at the Nosh cafe provide for a richer and more involved experience within the TBI Community.*

- I am interested in the YES Committee (Youth Education Services).
- I am interested in helping out at the Nosh Cafe occasionally.
- I am interested in serving as a Room Parent – Classroom: \_\_\_\_\_
- I am interested in being contacted when there are Parent Education opportunities.
- I am interested in being contacted when there are Interfaith Family conversation opportunities.
- I am interested in marching in the upcoming Skokie July 4th parade.
- I am interested in helping the Mitzvah Corp and would like more info.
- I am interested in **teaching an Enrichment class (*Chugim*)**. Topic: \_\_\_\_\_
- Other: \_\_\_\_\_



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## **School Hours**

**Religious School** 9:00am-11:00am on Sundays  
**Hebrew School** 11:10am-12:10pm on Sundays  
**Hebrew School** 4:15pm-6:00pm on Wednesdays

**Opening Religious/Hebrew School Day** Sunday, September 8, 2019

**Opening Hebrew School Day** Wednesday, September 11, 2019

**Attendance** The faculty and staff of TBI work diligently to provide the finest Religious and Hebrew education we can. Consistent attendance is critical to the success of our program.

**Chugim / Enrichment Classes** 6-8 week enrichment classes will be offered for children in Pre-K through 2<sup>nd</sup> during the Sunday Hebrew instruction time. These classes may include Jewish art, chess, music and movement, cooking, science, Hebrew enrichment and others. If you are a parent with a special skill who would be interested in teaching one or more 6-8 week classes through the school year we would love to hear from you. Parents who want to “pair up” to teach would be welcome as well. Sign up for the full year to receive a discount.

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**Plan for 2019-2020 Academic Year**

**Religious School**

**Sundays 9:00am – 11:00am**

*Opening Day September 8*

*Last Day May 17*

**No school on the following Sundays**

September 29

December 1

December 22

December 29

February 16

March 22

April 5

April 12

**Hebrew School**

**Sundays 11:10am – 12:10pm**

**Wednesdays 4:15pm – 6:00pm**

*Opening Day September 11*

*Last Day May 13*

**No School on the following Wednesdays**

October 9

November 27

December 25

January 1

March 25

April 8

April 15