



Hebrew School Registration Form

5781/2020-2021

Last name of the student(s) _____

Part One: Parent Information & Emergency Contacts

Parent 1	Parent 2
Name:	Name:
Email:	Email:
Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other	Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other
Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other	Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other
Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other	Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other
Address <input type="checkbox"/> Children's Primary Address	Address <input type="checkbox"/> Children's Primary Address <input type="checkbox"/> Same as Parent 1

Emergency Contacts

In the event of an emergency, every effort will be made to contact the parents. Please provide additional emergency contacts if a parent is unreachable.

In case of emergency, do you give your permission to the Director of Education, Rabbi, Teacher or other appropriate person to call your doctor/dentist and/or take your child to the hospital to receive necessary emergency treatment? Yes No

Parent's Signature: _____ **Date** _____

Name:	Name:
Email:	Email:
Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other	Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other
Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other	Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other
Family Doctors/Dentist	
Primary Doctor:	Primary Dentist
Phone:	Phone:
May we contact your child's doctor/dentist if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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Part Two: Student Information

Medical Information

Student 1
Name:
Food Allergies: <input type="checkbox"/> None
Other Allergies: <input type="checkbox"/> None
Medications: <input type="checkbox"/> None
Medical Conditions: <input type="checkbox"/> None
Other Info:
Student 2
Name:
Food Allergies: <input type="checkbox"/> None
Other Allergies: <input type="checkbox"/> None
Medications: <input type="checkbox"/> None
Medical Conditions: <input type="checkbox"/> None
Other Info:
Student 3
Name:
Food Allergies: <input type="checkbox"/> None
Other Allergies: <input type="checkbox"/> None
Medications: <input type="checkbox"/> None
Medical Conditions: <input type="checkbox"/> None
Other Info:
Student 4
Name:
Food Allergies: <input type="checkbox"/> None
Other Allergies: <input type="checkbox"/> None
Medications: <input type="checkbox"/> None
Medical Conditions: <input type="checkbox"/> None
Other Info:



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Educational Information

Student 1	
Name:	
Hebrew Name:	
Birthdate:	
Secular School:	
Secular Grade:	
Hebrew School Grade:	
Student 2	
Name:	
Hebrew Name:	
Birthdate:	
Secular School:	
Secular Grade:	
Hebrew School Grade:	
Student 3	
Name:	
Hebrew Name:	
Birthdate:	
Secular School:	
Secular Grade:	
Hebrew School Grade:	
Student 4	
Name:	
Hebrew Name:	
Birthdate:	
Secular School:	
Secular Grade:	
Hebrew School Grade:	



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Learning Profile

Student 1

Name:

Does your child have any special learning needs?

Yes No

If yes, please explain:

Does your child have an IEP?

Yes No

If yes, are you willing to share it with us?

Yes No

Does your child receive any special services for secular school, such as special education classes, resource room pullout program, or other services? Yes No

If yes, please explain:

Is there anything else you would like us to know about your child (subjects that he/she particularly likes or dislikes, special interests or hobbies, areas of strength or weakness, significant changes in school or at home that your child has experienced in the past, etc.)? If yes, please explain:

Student 2

Name:

Does your child have any special learning needs?

Yes No

If yes, please explain:

Does your child have an IEP?

Yes No

If yes, are you willing to share it with us?

Yes No

Does your child receive any special services for secular school, such as special education classes, resource room pullout program, or other services? Yes No

If yes, please explain:

Is there anything else you would like us to know about your child (subjects that he/she particularly likes or dislikes, special interests or hobbies, areas of strength or weakness, significant changes in school or at home that your child has experienced in the past, etc.)? If yes, please explain:



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Last name of the student(s) _____

Student 3

Name:	
Does your child have any special learning needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	Does your child have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you willing to share it with us? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child receive any special services for secular school, such as special education classes, resource room pullout program, or other services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Is there anything else you would like us to know about your child (subjects that he/she particularly likes or dislikes, special interests or hobbies, areas of strength or weakness, significant changes in school or at home that your child has experienced in the past, etc.)? If yes, please explain:	

Student 4

Name:	
Does your child have any special learning needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	Does your child have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you willing to share it with us? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child receive any special services for secular school, such as special education classes, resource room pullout program, or other services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Is there anything else you would like us to know about your child (subjects that he/she particularly likes or dislikes, special interests or hobbies, areas of strength or weakness, significant changes in school or at home that your child has experienced in the past, etc.)? If yes, please explain:	



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Family Profile

Your Family's Expectations and Goals

What particular programs would you, as parent(s), like your child(ren) to experience?

What would your child(ren) like to gain from their Hebrew School experience?

I give permission for my child's photograph or video image to be published in any form of media, via print or electronic (e.g. video, internet, synagogue web site)

I DO NOT give permission for my child's photograph or video image to be published in any form of media, via print or electronic (e.g. video, internet, synagogue web site)

Parent Volunteer

Part of the CBS Hebrew School experience is making the Hebrew School a kehillah kedosha, a holy community. *We ask that you sign up to participate in at least two of the following volunteer activities.*

Parent 1

I am interested in (please check all that apply):

- The Parent Teacher Activities Committee
- Being a Shabbat Buddy
- Setting up/Clearing up at the Model Seder
- Setting up/Clearing up at the Charoset Contest
- Setting up/Clearing up on HS on Shabbat
- Setting up/Clearing up at the Tu B'Shvat Seder
- Fund-raising
- Tutoring a student in Hebrew
- Screen Sharing for School Wide Zoom Events
- Zoom waiting room monitoring for school wide events
- Other _____

Do you have any other hobbies, special interests, or skills you would like to contribute?

Parent 2

I am interested in (please check all that apply):

- The Parent Teacher Activities Committee
- Being a Shabbat Buddy
- Setting up/Clearing up at the Model Seder
- Setting up/Clearing up at the Charoset Contest
- Setting up/Clearing up on HS on Shabbat
- Setting up/Clearing up at the Tu B'Shvat Seder
- Fund-raising
- Tutoring a student in Hebrew
- Screen Sharing for School Wide Zoom Events
- Zoom waiting room monitoring for school wide events
- Other _____

Do you have any other hobbies, special interests, or skills you would like to contribute?

Information Verification

I have read and updated the complete registration form. All of the above information is accurate.

Signature

Date



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Shalom Corps

Jewish teenagers rebuilding the world...Hands on, limits off, fun all-around.

Shalom Corps is an educational, social, and community service youth experience for students in 7th grade through 10th grade. It is advanced Jewish learning that is relevant to the world in which our teenagers live. Every Shalom Corps meeting will include creative teaching techniques, community involvement, and the opportunity to deepen Jewish friendships.

Shalom Corps:

- Provides a way for post-b'nei mitzvah teens to remain part of the synagogue community
- Engages our synagogue youth in educational opportunities that are thoughtful, interactive, and fun
- Establishes an energetic and active youth group and a pathway for teens to thrive in other social youth programming like BBYO and C-Teen
- Allows participants to qualify for recognition as a confirmand

Shalom Corps sessions will be an hour and 45 minutes two Sundays per month (10am-11:45am), with occasional additional sessions for special programs. We include a meal or snack that may be appropriately matched with the topic. Students may be studying three or four topic areas over the course of the year. Students are eligible for Shalom Corps beginning in 7th grade. Hebrew school ozrim will be able to participate in Shalom Corps when the session takes place Sunday morning.

Tuition for Shalom Corps includes the instructor's salary, food, Shalom Corps tee shirt, and teaching materials.

Participation in Shalom Corps is required as part of preparation for a student's bar or bat mitzvah.



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Tuition/Fee Schedule and Remittance Form 2020-2021/5781

(Please see next page for grade-by-grade fees)

The next pages list the Tuition Fees at Congregation Beth Shalom for our growing Hebrew School for 2020/2021 5781. Included in the fee for each child are the cost of books, supplies, and a myriad of programs in which our children participate throughout the year. The fee does not include field trips and kiddushes/onegs/dinners for each class. The following is a list indicating the activities this fee covers: daily snack, Tu B'Shevat foods and supplies, Charoset tasting supplies, Model Passover Seder supplies, Lag B'Omer treats, festive treats for holiday parties. **Note: Parents may purchase additional textbooks to use at home. Contact Cantor Elisa for more information.**

Grade	Sundays	Tuesday
Halutzim (Pre-K)	9:00 – 12:15	
Gan (Kindergarten)	9:00 – 12:15	
Aleph (1 st Grade)	9:00 – 12:15	
Kitah Bet – Kitah Hey (2 nd – 5 th)	9:00 – 12:15	4:00 – 6:15
Kitah Vav (6 th)	9:00 – 12:15	4:00 – 6:15

The full tuition rate does not even cover the actual cost of each child's enrollment in our programs, and is heavily subsidized by the rest of the congregation. We hope you realize this is a tremendous bargain and that you will pay the full rate if you are able to do so.

This year we will offer an early bird discount on tuition charges if paid in full by check by July 31, 2020. If you are unable to pay the full tuition, please contact Matthia to discuss alternate arrangements at 302-654-4462.

Families of students grades Gan to Shalom Corps must be members of Congregation Beth Shalom.



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Child(ren)	Grade Level	Days Per Week	Early Bird Fee (by 7/31/18)	Fee	Sub-Total
	Halutzim 3, 4, & 5 year olds	Sundays only (9:00 – 12:15)	\$950	\$1000	\$
	Kindergarten (Gan)	Sundays only (9-12:15)	\$1110	\$1160	\$
	1st Grade (Aleph)	Sundays only (9-12:15)	\$1110	\$1160	\$
	2nd Grade (Bet)	Sundays & Tuesdays	\$1630	\$1680	\$
	3rd Grade (Gimmel)	Sundays & Tuesdays	\$1630	\$1680	\$
	4th Grade (Dalet)	Sundays & Tuesdays	\$1630	\$1680	\$
	5th Grade (Hey)	Sundays & Tuesdays	\$1630	\$1680	\$
	6th Grade (Vav)	Sundays & Tuesdays	\$1630	\$1680	\$
	7th – 10th Grade (Shalom Corps)	2 Sundays per month	\$750	\$825	\$
Please consider donating to our Scholarship fund to allow those who cannot afford tuition to attend our Hebrew School this year. Thank you so much.				Hebrew School Scholarship Fund	\$
				Total	\$

Please make checks payable to Congregation Beth Shalom.

Registration will not be processed without full payment or arrangements for payment.

Please pay in full or contact the Director of Administration (302-654-4462) for alternative payment arrangements.

For credit card payments, please contact Matthia McCracken, mmccracken@cbswilmde.org or 302-654-4462 x16