



TEMPLE BETH AM *Religious School*

THE REFORM JEWISH CONGREGATION OF MERRICK AND BELLMORE

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www.templebethammerrick.org

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March 29, 2018

Dear Parents,

Enclosed you will find registration forms for the 2018/2019 school year. The registration process is simple, and can be quite fast if your forms are properly filled out in advance.

Please note our policy regarding requests for placement with other children.

- Students in fourth through seventh grades in mid-week classes are grouped homogeneously according to their reading ability. **Therefore, we cannot honor requests to be with a particular child as each student must be placed at the appropriate level.**

- Other factors which determine class make-up are class size and the mix of boys and girls. We pay particular attention to the public school each child attends. We attempt to insure that no child is in a class without any other children from their school. We know that children feel more comfortable with at least one friend in their class. Therefore, students entering kindergarten, first, second, or third grade may request to be with **one** other child. We will consider requests **only** where the request is reciprocal: where the parent of the other child has requested placement with your child. For example, if you request that your child be placed with Jane Doe, Jane Doe's parent must also request that she be placed with your child.

Thank you for understanding that we cannot accommodate requests for groups of children to be together. We must structure our classes to meet the needs of all children by insuring that all classes are balanced and educationally sound.

In addition, please take note to remember the change in school policy. **Students must remain in class until 6:00 pm to receive full credit for the day. If a child is picked up earlier than 6:00 pm, it will be considered ½ an absence. If a child is picked up between 6:00-6:10 pm it will be considered ¼ an absence.** Every 2 times the child is picked up earlier than 6:00 pm it will be considered a full absence from Hebrew School. Every 4 times the child is picked up earlier than 6:10 pm it will be considered a full absence from Hebrew School.

Sincerely,

Elizabeth Roth
Vice President of Education

2018-2019
Registration Packet

Temple Beth Am Religious School

March 2018,

This year, Temple Beth Am Religious School will continue to use the Early Registration procedure that has been in place for several years now. "IN PERSON" registration will take place on Sunday morning April 15th from 9:30 AM - 11:30 AM & Monday evening April 16th from 4:30 PM - 6:00 PM. Registration will be held in the upstairs hallway. Using the checklist below **IF YOUR ACCOUNT IS PAID IN FULL**, you can take advantage of this convenient way of enrolling your child for school next year.

- Your dues must be **CURRENT** in order to register. You can pay your balance at the time of registration.
- One **Registration/Health form** must be completed/submitted at registration for each child being enrolled.
- SCHOOL COMMITTEE membership form** must be completed/submitted **at Registration** for each family.

Tuition Rates

Grade	Regular Tuition Rates	Pre- Registration
K	\$100.00	\$100.00
1-2	\$250.00	\$250.00
3-6	\$965.00	\$915.00
7	\$1050.00	\$1000.00
8-12	\$350.00	\$350.00

**** PLUS \$10 MANDATORY SCHOOL COMMITTEE FEE PER FAMILY
(SCHOOL COMMITTEE fee can be added to the same check as tuition)**

****The Early Registration rates apply *ONLY* if the full school tuition is paid at the time of registration.**

****Books & Activity fees are separate and you will be notified prior to the start of school.**

MID-WEEK HEBREW & RELIGIOUS SCHOOL HOURS

<i>GRADE</i>	<i>DAY OF WEEK</i>	<i>TIME</i>
3-4-5-6	Monday AND Wednesday	4:15 - 6:15 PM
7	Monday OR Wednesday	4:15 - 6:15 PM
K - 2	Sunday	9:30-11:30 AM

Hebrew High School will be held at Merrick Jewish Centre for the 2018-2019 school year.


Grades 7 thru 12 Tuesday 7:00-8:40

**Class assignments are not finalized prior to August 1st. If you have any special needs please mark them down on your registration form.

**** YOU WILL RECEIVE A CLASS ASSIGNMENT APPROXIMATELY TWO WEEKS BEFORE SCHOOL BEGINS IF SCHOOL FEES HAVE BEEN PAID IN FULL.**

Your cooperation in registering your children by either Sunday, April 15th or Monday, April 16th will be most helpful in assisting us in planning for the next school year.

Sincerely,



Elizabeth Roth
Vice President of Education

Today's Date: _____

Office use only

Is student new to our religious school? _____

Cash _____

Check # _____

Credit Card _____

No Deposit _____

2018-2019 REGISTRATION FORM

Temple Beth Am Religious School

(Please Print Clearly)

CHILD'S NAME: _____
LAST NAME FIRST NAME (SEX) M/F

Birth Date: _____ Age _____ Grade _____ (As of Sept '18)

Address: _____ () _____
STREET TOWN HOME PHONE

Mother's Name _____ Occupation _____ Cell Phone # _____

E-Mail Address: _____ Work Phone # _____

Father's Name _____ Occupation _____ Cell Phone # _____

E-Mail Address: _____ Work Phone # _____

Secular school child attends (as of Sept'18) _____

****Please note that 7th graders will come either Monday or Wednesday for Hebrew school and Tuesday nights for Hebrew High school. There is no option to choose as they are tracked by ability.***

Does Your Child Have Any Special Educational Needs? NO _____ YES _____

Please explain: _____

Would you prefer a phone conference? If yes please give day time phone # _____

SIBLINGS (Both pre-school and school age)

	NAME	AGE	BIRTHDATE	GRADE (if applicable)
1:	_____	_____	_____	_____
2:	_____	_____	_____	_____
3:	_____	_____	_____	_____

We make every effort to honor all requests. Class assignments are mailed approximately two weeks before classes begin.

****Please be sure to fill out the health form on the reverse side for each child enrolled.**

HEALTH/EMERGENCY CONTACT FORM

EMERGENCY CONTACT:

In the event of an emergency involving illness or injury and we are unavailable, we hereby authorize the following individuals to transport and care for our child.

1) _____ Phone # _____ Cell # _____

2) _____ Phone # _____ Cell # _____

WAIVER: In Case of medical emergency and we are unable to reach you or your emergency contact, you grant permission for your child to be treated by the doctor named below: YES _____ NO _____

Doctor's Name

Address

Telephone No.

If we are unable to reach your doctor, you grant us permission to have your child treated by any hospital emergency room or doctor at our discretion.

Parent's Signature

Date

Does your child have any allergies? Please List below:

1) _____

2) _____

Photo and Video Release

In order to release student photos and video footage on the Beth Am Web site and Facebook page and in print media, we need written permission.

I DO

I DO NOT

give Temple Beth Am permission to post pictures and/or videos of my child/children on their website, Facebook page and in any print media.

Signature of parent or guardian: _____

Date: _____

SCHOOL COMMITTEE REGISTRATION FORM
2018-2019

\$10 PER FAMILY

WE URGE YOU TO JOIN THE SCHOOL COMMITTEE. IT IS OUR GOAL TO REACH 100% MEMBERSHIP! MEMBERSHIP SHOWS SUPPORT FOR YOUR CHILD'S EDUCATIONAL PROGRAMS HERE AT TEMPLE BETH AM!

MOTHER'S FULL NAME (INCLUDING LAST NAME) _____

FATHER'S FULL NAME (INCLUDING LAST NAME) _____

ADDRESS: _____

TELEPHONE #: _____

E-MAIL: _____

CHILD'S NAME: _____ GRADE: _____

CHILD'S NAME: _____ GRADE: _____

CHILD'S NAME: _____ GRADE: _____

PLEASE CHECK OFF THE PROJECTS YOU WOULD LIKE TO PARTICIPATE IN:

___ MONTHLY SANDWICH MITZVAH PROJECT

___ 7TH GRADE GRADUATION DINNER

___ 4TH GRADE SHABBAT DINNER

___ FUND RAISING

___ SCHOOL REGISTRATION

___ PARKING LOT TRAFFIC HELPER

___ OFFICE HELP ON SUNDAY MORNING

___ CLASS PARENT/CLASS VOLUNTEER

___ OFFICE HELP ON WEEKDAYS (MON/WED)

___ PURIM BASKET ORGANIZE/DELIVERY

___ PHONE CHAIN CONTACT

___ CALL ME WITH MORE INFO

___ SCHOOL COMMITTEE

**** DON'T FORGET SCHOOL COMMITTEE MEANS DADS TOO ****

THANK YOU!!