

Temple Beth Israel Schools
Plan for 2011-2012 Academic Year

School Hours:

Religious School – 9:00 a.m. – 11:00 a.m. on Sunday

Hebrew School – 11:10 a.m. – 12:10 p.m. on Sunday

Hebrew School - 4:15 p.m. – 6:00 p.m. on Wednesday

Chugim – small short-term enrichment classes will be offered for children in grades K-2 and in some cases Pre-K during the Sunday Hebrew instruction. These classes may include Jewish art, music and movement, cooking, Hebrew enrichment and others. We are looking for parent volunteers who would be interested in teaching one or more 6-8 week classes throughout the school year. Parents who want to “pair up” to teach would be welcome as well.

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.

Opening Hebrew School Day – Wednesday, September 7, 2011

Opening Religious and Hebrew School Day – Sunday, September 11, 2011

A full School calendar will be distributed at Mitzvah Day which will include on-site School Registration/Pancake Breakfast on Sunday, May 15th. Breakfast will be served at 8:30 with programming for children and parents starting at 9:00 a.m.

TEMPLE BETH ISRAEL
RELIGIOUS AND HEBREW SCHOOL REGISTRATION
(PLEASE COMPLETE ONE (1) FORM FOR EACH CHILD)
CIRCLE GRADE IN WHICH YOUR CHILD WILL BE ENROLLED FOR THE
ACADEMIC YEAR 5772 (2011-2012)

(Please Print Clearly)
PARENT/TOT PRE-K K 1 2 3 4 5 6 7

GESHER: 8 9

CHILD'S NAME _____ HEBREW NAME _____

CHILD'S ADDRESS _____

CITY _____, ILLINOIS ZIP _____ HOME PHONE _____

PARENT'S EMAIL (PRIMARY) _____ (SECONDARY) _____

(ALL SCHOOL COMMUNICATION IS DONE VIA EMAIL - PLEASE PRINT CLEARLY)

SECULAR SCHOOL GRADE 2011-2012 _____ SCHOOL _____ PHONE _____

DATE OF BIRTH _____ () FEMALE () MALE

Parent #1 NAME _____ Parent #2 NAME _____

IF SEPARATED OR DIVORCED, TO WHOM SHOULD MAIL BE SENT? _____

Parent #1 NAME _____

BUSINESS PHONE () _____

CELL/PAGER/BEEPER _____

HOME ADDRESS (IF DIFFERENT FROM CHILD'S) _____

Parent #2 NAME _____

BUSINESS PHONE () _____

CELL/PAGER/BEEPER _____

HOME ADDRESS (IF DIFFERENT FROM CHILD'S) _____

ADDITIONAL CONTACT NUMBERS

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

Religious School will meet Sunday mornings from 9:00 a.m.-11:00 a.m. for all grades.

***Hebrew School will meet Sunday mornings from 11:10 a.m. – 12:10 p.m. and
Wednesdays from 4:15 p.m. – 6:00 p.m.***

At Temple Beth Israel, 3601 W. Dempster, Skokie.

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 BY JANUARY 1, 2012.** PLEASE INDICATE THE FEES ENCLOSED.

	<u>Paid by Credit Card</u>	<u>Discount for Cash/Check</u>	_____
() RELIGIOUS SCHOOL TUITION Pre-K – 7 th Grade	\$422.00	\$410.00	_____
() HEBREW SCHOOL TUITION 3 rd Grade – 7 th Grade	\$402.00	\$390.00	_____
() BAR/BAT MITZVAH FEE (2012 BAR/BAT MITZVAH)	\$876.00	\$850.00	_____
() GESHER PROGRAM 8 th & 9 th	\$422.00	\$410.00	_____

PLEASE READ AND SIGN BELOW:

FIELD TRIP PERMISSION

CHILD'S NAME _____ **GRADE** _____

I give my son/daughter permission to attend Temple Beth Israel Religious School field trips during the school year 2011-2012. I will assume responsibility for my child's actions and I will allow him/her to be treated by proper medical personnel should the need arise – at the discretion of the Religious School staff.

Parent's signature

Date

TEMPLE BETH ISRAEL
RELIGIOUS/HEBREW SCHOOL

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 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 year in order that we can best serve your child. All information will remain confidential. Thank you for your cooperation.

Student's Name

Parent's Name

Phone Number

_____ Learning or Reading Disabilities: Should we modify any reading or writing expectations? What are the approaches that would help your child learn better?

_____ Social or Emotional Difficulties: 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 interaction?

_____ Physical or Medical Problems: 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?

_____ Medication: Please list any medication your child is currently taking.

_____ Family Problems: 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.

_____ I would like to be contacted personally by my child's teacher.