



**LIMMUD MISHPACHAH:**  
**LEARNING FOR CHILDREN AND THEIR FAMILIES**  
**Registration Form**

Child's Name: \_\_\_\_\_  
(first) (middle) (last)

Does your child have a Hebrew name? (Please write) \_\_\_\_\_  
*Does your child know that this is their Hebrew name?* \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School child attends and grade (as of Sept. 2009): \_\_\_\_\_  
Please note that Religious School grades parallel public or other secular school grades. We require all students to be enrolled in kindergarten, regardless of age, for the 2009-2010 school year. Students not enrolled in kindergarten should attend the Alef-Bet Shabbat program.

Previous Religious Schools/Jewish Pre-Schools attended (if any) and years of attendance \_\_\_\_\_

**PARENT(S)/GUARDIAN(S) INFORMATION:**

Parent Status: (please circle): Partnered Separated Co-Parenting Single

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Work Name: \_\_\_\_\_

Work Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

(Put a \* next to the best way to reach you)

(Put a \* next to the best way to reach you)

Child lives with: \_\_\_\_\_

If your child lives with one parent, does the non-custodial parent wish to receive school mailings? YES \_\_\_\_\_ NO \_\_\_\_\_

**FAMILY INFORMATION:**

Who else lives in your home and what is their age and relationship to your child?

Are there any emerging issues in your family (new relationships, separation, custody)?

Are you currently, or have you been, affiliated with a Jewish community in addition to Congregation Beth Simchat Torah (Shul, Temple, Synagogue, JCC, other school, etc.) If yes, which community/ies?

Are any other religions practiced in your family/extended family?

Other than Limmud Mishpachah, does/will your child receive any Jewish education outside the home? Please specify:

Briefly describe your Jewish life at home:

Does anyone in your home read or speak Hebrew?

How did you first hear about Limmud Mishpachah?

Why did you choose Limmud Mishpachah?

Anything else you would like to add?

## HELPFUL INFORMATION ABOUT YOUR CHILD

Information regarding your child will be helpful to us. This information is confidential and shared only with the teacher when the need arises.

1. What are your child's special strengths? Does your child have any special interests? Check all that apply and use the space below

Art \_\_\_\_\_

Dance \_\_\_\_\_

Computers \_\_\_\_\_

Drama \_\_\_\_\_

Instrumental Music \_\_\_\_\_

Reading \_\_\_\_\_

Singing \_\_\_\_\_

Other \_\_\_\_\_

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2. Is your child developing a good Jewish self-image? Please explain.

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3. Are there any activities or commitments that will prevent your child's attendance? \_\_\_\_\_

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4. Are you also exposing or educating your child in any other national or ethnic traditions? \_\_\_\_\_

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5. What would you like the school to know about your child to make this the best possible year in terms of your child's connection to Judaism and synagogue life?

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6. Do you have any special educational goals for your child, or any areas of study that you wish him/her to cover in the coming year? \_\_\_\_\_

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**Please use additional space if needed**

**CHILD MEDICAL INFORMATION: Child's Name** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's Physician \_\_\_\_\_

Phone Number : \_\_\_\_\_

Physician's clinic name/address: \_\_\_\_\_

Name of Health or Medical Insurance Carrier: \_\_\_\_\_

Health Insurance Policy Number: \_\_\_\_\_

Child's General Health:

1. Does your child have any medical allergies or a chronic illness? (Please list.)

2. Does your child take medications on a regular basis? If so, what medications and when? Please note if there are any emergency medications.

MEDICATION 1:

\_\_\_\_\_

INDICATIONS:

\_\_\_\_\_

MEDICATION 2:

\_\_\_\_\_

INDICATIONS:

\_\_\_\_\_

3. Are there other urgent medical situations which will likely/possibly arise? (Examples: diabetic shock, epileptic seizure, etc.). How should we treat your child in such circumstances?

**PARENT(S)/GUARDIAN(S) SIGNATURE:** \_\_\_\_\_

At Congregation Beth Simchat Torah, we strive to establish an environment in which all types of learners may thrive. Information you provide about your child's learning strengths and challenges will assist in our efforts to accommodate and provide for those needs and to have appropriate materials in the classroom. We need this information BEFORE the start of school. It is our experience that when the Children's Educator and the teacher is not provided with this information in advance, we are often trying to overcome negative experiences that may inadvertently arise. We want to start the school year positively for each child and accommodate their individual needs. Please help us to help your child learn, and be as candid and detailed as possible.

**(Please do not leave blank; it is important for us to know how you experience and perceive your child. You can use a separate piece of paper if necessary).**

Alternatively, if you are uncomfortable providing details in writing, please make an appointment to meet with the Children's Educator as soon as possible, preferably before August 15. Kindly circle/check below any that apply

- Academically gifted
- Dyslexia
- Over-active
- Easily upset
- Short attention span
- Difficulty with visual perception
- Child has an IEP or GIEP
- Child wears a medical device (heart monitor, insulin pump, cochlear implant). Please specify:
- Reads below grade level in English
- Non-native English speaker
- Difficulty understanding spoken instructions
- ADHD or ADD
- Difficulty understanding written instructions
- Difficulty hearing
- Physical limitations: \_\_\_\_\_

• Child has a behavior modification or behavior plan. Please explain below or in attached note.

• I have attached a copy of my child's IEP/GIEP

• List anything you'd like us to know about your child (or attach a personal note to the Children's Educator):

All information will be held in confidence, shared only with your permission and as reasonably necessary to provide a quality educational experience for your child.

Special limitations or concerns (dietary restriction, allergies, etc.):

**Release Forms: Child's Name** \_\_\_\_\_

**EMERGENCY CONTACTS** if Parent/Guardian can not be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**RELEASES**

Please check next to each release and sign at the bottom.

**PHOTO/AUDIO/VIDEO/WEBSITE RELEASE:**

I give my permission for photographs, slides, video or audiotapes to be taken of my child to be used for our calendar, website, public relation purposes and the promotion of Limmud Mishpachah and Congregation Beth Simchat Torah. I understand that Limmud Mishpachah and Congregation Beth Simchat Torah will not authorize the mass media to use any of the above for newspaper or television stories without my consent for usage.

**DIRECTORY RELEASE:**

I give my permission for my name, address, telephone number, and e-mail address to be given to other families with children in Limmud Mishpachah (which may include publication in a Limmud Mishpachah student directory).

**EMERGENCY TRANSPORTATION RELEASE:**

In case of emergency, I authorize Limmud Mishpachah and Congregation Beth Simchat Torah to call 911 and follow instructions from medical authorities – this may include emergency transport to the nearest Hospital Emergency Room, or other medical facility for medical treatment. I understand that my child may be transported by ambulance and that I will be responsible for costs incurred for obtaining emergency medical services.

**EMERGENCY MEDICAL CARE RELEASE:**

I give Limmud Mishpachah and Congregation Beth Simchat Torah permission to authorize medical emergency personnel and/or emergency room personnel to treat my child.

**FIRST AID RELEASE:**

I give my consent for the staff of Limmud Mishpachah and Congregation Beth Simchat Torah to administer general first aid when necessary and understand that all staff members are first aid certified and will follow all health guidelines.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE:**

I give permission for my child to be released from the program at the end of the day and/or I give my permission to the following people to receive my child at the end of the day. (If no one is authorized, please indicate by writing "NO ONE.")

1. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone/Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone/Cell Phone \_\_\_\_\_

Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid for one program year from the date of signature.

**Arrival Information**

Tell us how your child will be arriving to their Limmud Mishpachah site:

**Limmud Mishpachah CONTRACT FOR 5770 / 2009-2010**

I/We \_\_\_\_\_ agree to enroll \_\_\_\_\_ as follows:

**LOCATION** (please circle):

<b>Mid-Week Site</b>	<b>Age Group</b>
Bronx	K-1 <sup>st</sup> grade
Central Village	K-1 <sup>st</sup> grade
Park Slope, Brooklyn	2 <sup>nd</sup> -3 <sup>rd</sup> grade
West Village	3 <sup>rd</sup> -4 <sup>th</sup> grade

**Note:** Sites and age groups are based on minimum enrollment. CBST reserves the right to cancel or move sites if minimum enrollment is not met.

**TUITION AND FEES** (please circle):

<b>Mid-Week and Shabbat</b>	<b>Shabbat only</b>
Members: \$900	Members: \$500
Non-Members: \$1150	Non-Members: \$650

**Note:** First-time members are eligible for a 10% discount both on tuition and on membership. Please contact Melissa Simon for more information.

Reserve your spot by July 30, 2009. Contracts received after this date will only be accepted if additional spots remain.

**Tuition Payment Methods:**

\_\_\_\_\_ Enclosed is a check for the total due \$\_\_\_\_\_ made payable to Congregation Beth Simchat Torah (subject: Limmud Mishpachah) (preferred)

\_\_\_\_\_ I would like to pay in 4 payments. A first installment of \$225 (\$290 for non-members) is enclosed for the Mid-Week and Shabbat program or \$125 (162.50 for non-members) is enclosed for the Shabbat-only program.

\_\_\_\_\_ I will contact Melissa Simon, Director of Family Education and Cooperberg-Rittmaster Rabbinical Intern to make tuition arrangements.

**TUITION ASSISTANCE: It is our policy that no child be denied a Jewish education due to inability to pay.** However, all children attending school must have arrangements made. Please do not hesitate to contact Melissa Simon, or if you prefer, Rabbi Ayelet Cohen, if your family needs assistance. Tuition assistance is available to members only and all scholarships are kept confidential.

**TERMINATION and CANCELLATION:** Because spots are limited, we cannot offer refunds after September 1<sup>st</sup>.

I/We agree to enroll my/our child according to the provisions stated in this agreement. Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**CALENDAR:** Refer to the Limmud Mishpachah calendar below for closings during Jewish holidays and other special dates. \*\*Dates subject to change, please read CBST e-mails for updated information\*\*

	<b>Mid-Week Class</b>	<b>Shabbat Program</b>
<b>September</b>		12 <sup>th</sup> and 26 <sup>th</sup>
<b>October</b>	14 <sup>th</sup> , 21 <sup>st</sup> , 28 <sup>th</sup>	10 <sup>th</sup> and 24 <sup>th</sup>
<b>November</b>	4 <sup>th</sup> , 11 <sup>th</sup> , 18 <sup>th</sup> (no class 25 <sup>th</sup> )	14 <sup>th</sup> and 28 <sup>th</sup>
<b>December</b>	2 <sup>nd</sup> , 9 <sup>th</sup> , 16 <sup>th</sup> (no class 23 <sup>rd</sup> and 30 <sup>th</sup> )	12 <sup>th</sup> and 26 <sup>th</sup>
<b>January</b>	6 <sup>th</sup> , 13 <sup>th</sup> , 20 <sup>th</sup> , 27 <sup>th</sup>	9 <sup>th</sup> and 23 <sup>rd</sup>
<b>February</b>	3 <sup>rd</sup> , 10 <sup>th</sup> , 24 <sup>th</sup> (no class 17 <sup>th</sup> )	13 <sup>th</sup> and 27 <sup>th</sup>
<b>March</b>	3 <sup>rd</sup> , 10 <sup>th</sup> , 17 <sup>th</sup> , 24 <sup>th</sup> (no class 31 <sup>st</sup> )	13 <sup>th</sup> and 27 <sup>th</sup>
<b>April</b>	(7 <sup>th</sup> ), 14 <sup>th</sup> , 21 <sup>st</sup> , 28 <sup>th</sup>	10 <sup>th</sup> (no class April 24 <sup>th</sup> : you are invited to attend the CBST retreat April 23-25 <sup>th</sup> )
<b>May</b>	5 <sup>th</sup> , 12 <sup>th</sup>	8 <sup>th</sup> and 22 <sup>nd</sup>
<b>June</b>		12 <sup>th</sup> and 26 <sup>th</sup>

**Special Events for Families with Children:**

**Rosh Hashanah services for children:** September 19<sup>th</sup> and 20<sup>th</sup>

**Yom Kippur services for children:** September 28<sup>th</sup>

**Erev Sukkot Potluck dinner and service:** October 2<sup>nd</sup>

**Channukah party:** December 13<sup>th</sup>

**Shabbat Shira concert for children:** January 31<sup>st</sup>

**Purim Party:** February 27<sup>th</sup>

**Pre-Passover Event:** March 21<sup>st</sup>

**Pride and End of Year Picnic:** June 26<sup>th</sup>

**PROGRAM ATTENDANCE:** The educational experience of our students and their families are strengthened by regular attendance in our program. We encourage you to attempt to attend all classes and programs, though we are aware that occasional absences may occur. Please notify the Limmud Mishpachah office by email or telephone if your child will be absent.

**EARLY PICK-UP/LATE PICK-UP:** We understand the need to occasionally pick-up early, but repeated early pick-up is extremely disruptive and we ask that you avoid early pick-ups. You must call AND e-mail to inform us in the event that you know that you will be late picking up your child. Please remember, late pick-ups are both upsetting to your child and an imposition to the staff and the site hosts.

**LIMMUD MISHPACHAH NOTIFICATIONS:** Limmud Mishpachah will primarily send notices via e-mail. In addition, from time to time we will communicate via ground mail. Please notify CBST of any e-mail changes.