



Center for Jewish Education Congregation Shirat Hayam of the North Shore

Student and Family Information 2009-2010 / 5770

June 2009

Shalom Chaverim!

What an exciting year we have ahead of us! We are moving into our second year of the Limud Shabbat format with our Center for Jewish Education, and are thrilled with the promise of an upcoming year filled with great Jewish learning and living opportunities for all of our families – and some new plans are in the works as well (watch your mail for details in June)! We are currently registering students for the 2009-2010 year - enclosed you will find all the registration materials.

Registration Incentive: there is a \$75.00 per child credit for families registering by JULY 15th.

Our Limud Shabbat format integrates Jewish learning into Jewish living. We believe that Jewish education is a part of every day living. It gives us both content and context whether we are celebrating holidays, life cycle events, observing mitzvot, giving tzedakah, helping those around us and in the world who are in need, and yes, even playing soccer and softball and other sports. Being Jewish includes all these things and more!

But we can't do this alone. We need you to help us meet our goals of being engaging, responsive, inspirational, and flexible for our congregational family. Please share your ideas, offer a helping hand, and get involved in our Jewish community and life.

We want the Center for Jewish Education to provide support, a place to meet, an opportunity to be inspired, and experiences that enrich the lives of all of our families. Please call or contact us at any time throughout the year.

Important notes:

- 1) **EMAIL addresses:** We have asked for a primary family email address on the registration form. Email has become our **primary** communication tool, and as we work to be more efficient with our use of paper, postage, and other supplies, we want to use email and our website more effectively. PLEASE make sure to write your address as legibly as possible, or send us an email (cje@shirathayam.org) with your family name in the subject – you can also do this on our website: click on: [Send us your email address](#) on the CJE page (www.shirathayam.org).
- 2) **LIMUD Shabbat:** CJE classes will continue to take place on Shabbat and Tuesdays (or our Wednesday Lab). Please see the enclosed schedule for details.

Jed A. Filler, MAJCS
Center Director
jf@shiarthaym.org

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Guidelines, Instructions, and reminders:

Enclosed you will find registration materials for the new school year.

Here are a few logistical reminders that may be helpful as you complete these forms:

- ✧ **In order for your registration to be processed**, all paperwork must be complete (including a check made out to Congregation Shirat Hayam for \$100.00 per child. (Please contact the Director to discuss alternate payment options).
- ✧ Please fill-out one family information form per family with all children listed on this one form. Make sure to **include cell phone numbers** in case of an emergency and an adult, primary family **email address** that the school may use to contact you. (This will only be used for CSH communication)
- ✧ Please fill-out the Medical Release section.
- ✧ Please fill in the **special needs portion** of the form for each child so that we can serve them to the best of our ability. Please let us know if you would like to speak confidentially with the Center Director, Jed Filler in more detail before the school year begins.
- ✧ When you register, you will receive an email acknowledgement from us. **Please call us immediately if you do not receive this acknowledgment.**
- ✧ **Registered families** will receive calendars in the beginning of August.

Please return all completed forms to **Congregation Shirat Hayam CJE**
(Center for Jewish Education), 55 Atlantic Ave, Swampscott, MA 01907
We will be notifying all families of class assignments on or before August 28, 2009

DISCOUNT FOR EARLY REGISTRATION!
There is a \$75.00 discount (per student) if you
return completed registration forms BEFORE JULY 15th.

Class Schedule:

Shabbat classes will meet 32 weeks beginning September 13th
Weekday classes will meet 29 weeks beginning September 16th.

Grades PK-1: Shabbat (Saturday): 9 -12;

Grades 2-6: Shabbat (Saturday): 9 - 12; Tuesdays 4 - 6pm

Grades 7– 8: Shabbat (Saturday) 9-10 (followed by services or Bar/Bat Mitzvah)

Grades 9-12: TBA in July

Hebrew Lab: Our Hebrew Lab meets on **Wednesdays from 4-6pm** and is designed for students who:

- a) have short or long-term scheduling conflicts on Tuesdays;
- b) have begun Hebrew studies after grade 2;
- c) work better in small group settings and/or work better with individual pacing.



Center for Jewish Education

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Date	Family Name (last name)
Mailing Address (for school correspondence)	
Telephone (these numbers will also be used to contact parents during school hours in case of emergency)	
First parent's name	Second parent's name
Home phone	Home phone
Business phone	Business phone
Cell Phone:	Cell Phone:
Primary Family Email (for CJE use only – we will NOT distribute emails):	

Child 1:

Child's First Name (and last if different)	Sex	Hebrew Name	Date of Birth	Grade in Sept.	Secular School

Does this student have any food allergies, health problems, an I.E.P., or anything else we might need to know about his/her background that might be helpful? Please write "call to discuss" if you would like the Center Director to call and discuss specific needs or issues.

Child 2:

Child's First Name (and last if different)	Sex	Hebrew Name	Date of Birth	Grade in Sept.	Secular School

Does this student have any food allergies, health problems, an I.E.P., or anything else we might need to know about his/her background that might be helpful? Please write "call to discuss" if you would like the Center Director to call and discuss specific needs or issues.

Child 3:

Child's First Name (and last if different)	Sex	Hebrew Name	Date of Birth	Grade in Sept.	Secular School

Does this student have any food allergies, health problems, an I.E.P., or anything else we might need to know about his/her background that might be helpful? Please write "call to discuss" if you would like the Center Director to call and discuss specific needs or issues.

Medical Release

2009-2010 / 5770

Names of individuals other than parents to be called in case of illness or emergency when we are unable to reach parents:	
Name	Telephone
Name	Telephone
Physician	Telephone

I/we, the undersigned parent(s) of (please list each child separately):

In case of emergency I/we do hereby authorize the Center Director, classroom teacher, or any other responsible person designated by the Center Director, as agent for the undersigned to consent to medical or surgical diagnosis, treatment, and/or hospital care which is to be rendered under the general or special supervision of any physician or surgeon licensed by the Commonwealth of Massachusetts or state in which such treatment is to be rendered, or to the medical staff of a licensed hospital, whether such examination, diagnosis, or treatment is rendered at the office of said physician or such a hospital or treatment center, or other necessary location. It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment or hospital care being required and is to provide authority and power on the part of our above-named agent to give specific consent to any and all such information, diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization shall remain in effect through September 2009 and will cover attendance at all authorized functions as well as trips away from the school for which parent(s) have given consent.

Note: Even with this release, hospitals will not treat children without the consent and presence of a parent or guardian, unless immediate attention is absolutely essential. Please understand that any emergency will require you to meet your child at the physician's office or hospital.

Parent's signature _____ Date _____

Permission Form

2009-2010 / 5770

From time to time we may have the opportunity to leave the Temple and take part elsewhere in local (North Shore) activities pertinent to the curriculum. You will be notified in advance of such field trips. In cases where the field trip is outside the local area, a separate permission slip will be required. This authorization covers only local trips.

I give permission for my son(s)/daughter(s):

Child 1: _____

Child 2: _____

Child 3: _____

To participate in any local (North Shore) Congregation Shirat Hayam of the North Shore field trip. I understand that I will be notified of such trips.

Parent's signature _____ Date _____

Photographic Exemption

2009-2010 / 5770

If you prefer that you child's picture **DOES NOT** appear in any external media outlets (e.g. our website or community newspapers) please sign below.

I do NOT want my child(ren)'s photograph(s) used in any outside publication (website, community newspapers):

Parent's signature _____ Date _____

Tuition Worksheet/Volunteer Sign Up Form

2009-2010 / 5770

Please complete and return this page:

- ✧ **Don't forget a DEPOSIT (\$100.00 per child) for your school fees.** Use the fee calculator below to determine the total.
- ✧ Shabbat classes will meet 32 weeks beginning September 13th
- ✧ Weekday classes will meet 29 weeks beginning September 16th.

School Fee Calculation

Grades	Students (#)		Fee amount	Total
Pre -K (3.5 years old by 8/1/09) - Meets on Shabbat		×	\$ 425.00*	
K - Meets on Shabbat		×	\$ 445.00*	
1 - Meets on Shabbat		×	\$ 540.00*	
2-6 - Meets Shabbat and Tuesday (or Lab on Wednesday)		×	\$ 940.00*	
7-8 - Meets Shabbat AM		×	\$ 445.00*	
			Total	\$

*Forms received by July 15 receive a \$75.00 discount per child

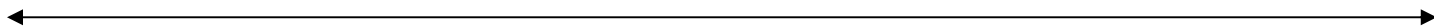
Please contact us if you need to make alternate payment arrangements. HOWEVER, in order to receive the discount, registration paperwork MUST be received in the CJE office by the deadline (JULY 15).

VOLUNTEER FORM

We are pleased to be partners with our parents and families in teaching our children about Judaism. We invite you and all of our families to participate in the classroom and programs we offer. We often need parents to help out in a variety of ways during the year to make these programs happen. Please choose an area (or even two!) where you are available to help out – We need your help! If you have any questions, please feel free to contact the Center for Jewish Education at 781-599-8005 ext. 24. Thank you!

PLEASE NOTE: We are required by Massachusetts to do criminal history (CORI) checks on any adult who has access to our children including volunteers. If you can volunteer, please fill out and sign the attached CORI permission form.

There are strict guidelines dictating how we receive, store, and use any information returned by the CORI check. If you have any questions regarding the CORI process, please call the Center Director at 781-599-8005 ext. 24.



I (we) will be available to help with:
 Room parent

Parent(s) Name(s): _____

Coordinate Kiddush for your class service (grades 2-6)
 Be available to assist the teacher with special class programs

Phone Numbers: Evening _____

Driving for field trips (when scheduled)

Day _____

Holiday Celebrations:

Rosh Hashanah: distribute apples and honey
 Chanukah: Prepare and distribute Chanukah bags
 Purim: Shalach Manot baskets, help with the Purim Carnival
 Passover: Help with shopping/setup of model Seders

Child(ren)'s Names
 _____ Grade _____
 _____ Grade _____
 _____ Grade _____

General

I/we want to help, just give us a call.