



CENTER FOR JEWISH EDUCATION
CONGREGATION SHIRAT HAYAM OF THE NORTH SHORE
STUDENT AND FAMILY INFORMATION 2010-2011 / 5771

June 2010

Shalom Chaverim!

What an exciting year we have ahead of us filled with great Jewish learning and living opportunities for all of our families! We are currently registering students for the 2010-2011 year - enclosed you will find all the registration materials.

Registration Incentive: \$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.
- 3) **Please fill out the registration form IN FULL.** It can feel like just more paperwork, but we need all of these documents to do our best to insure the safety of our students and provide effective instruction.

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

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CONGREGATION SHIRAT HAYAM OF THE NORTH SHORE
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 25 weeks beginning September 25th .
Weekday classes will meet 32 weeks beginning September 21st .*

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.

Please contact the Director if you would like to explore Lab options for your children.



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CONGREGATION SHIRAT HAYAM OF THE NORTH SHORE

STUDENT AND FAMILY INFORMATION 2010-2011 / 5770

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.

IMPORTANT PERMISSIONS – PLEASE COMPLETE IN FULL

Medical Release

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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 2011 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 _____

General Permissions

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Field Trips:

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 children (named above) 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.

School Directory: (please check if you DO NOT want to be included in the school directory)
This directory will ONLY be available to CJE families

____ I DO NOT want my child to be listed in the school directory

Photographic Exemption: (please check if you DO NOT want your child’s picture to appear in any external media outlets (e.g. our website or community newspapers) please sign below.

____ I DO NOT want my child(ren)’s picture(s) to appear.

Parent’s signature _____ Date _____

TUITION WORKSHEET/VOLUNTEER SIGN UP FORM 2010-2011 / 5771

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		x	\$ 510.00*	
K - Meets on Shabbat		x	\$ 530.00*	
1 - Meets on Shabbat		x	\$ 625.00*	
2-6 - Meets Shabbat and Tuesday (or Lab on Wednesday)		x	\$ 995.00*	
7-8 - Meets Shabbat AM		x	\$ 525.00*	
			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)



HELP WANTED

We need your help! There are so many things that we need a few good hands to help us develop. If you are interested in helping – a little or a lot – please let us know but marking an “X” below and filling in your name.

THANK YOU!

_____ I can help (name and phone) _____