

## **MAIL-IN REGISTRATION WHAT TO DO & SEND BY AUGUST 6, 2010**

Families must be members in good standing of Temple Sinai to enroll their children in our Religious School. Please contact the finance committee at 584-8730 if you have any questions about your financial obligations to Temple Sinai.

Complete a separate medical authorization form for each child you are registering for school. Complete the registration form, the privacy policy document and the volunteer sign-up sheet.

Mail completed forms, and payment in full, for your children to Rhoda Pickus, 16 Moore Avenue, Saratoga, NY 12866. Please contact Rhoda at [depinna101@juno.com](mailto:depinna101@juno.com) if you have any questions.

## **IN-PERSON REGISTRATION**

**AT TEMPLE SINAI, WILL BE SEPTEMBER 7<sup>th</sup> AND 9<sup>th</sup> FROM 6:30-8:00**

Families unable to pay school fees in full, and need to work out a payment plan, must meet with a member of the finance committee to make arrangements. The finance committee will be available during in-person registration.

### **JUDAICA CLASSES**

For students in kindergarten-7<sup>th</sup> grades on Sundays from 9:30-11:45 or 11:15-1:30. Families will be notified of class assignments after September 13. Students must attend Judaica classes for a minimum of 3 years leading up to their Bar/Bat Mitzvahs.

### **HEBREW CLASSES**

For students in grades 4 and up on Wednesdays from 6:30-8:00. Students must attend Hebrew classes for a minimum of 3 years preceding their year of preparation for Bar/Bat Mitzvahs.

### **BAR/BAT MITZVAH CLASSES**

Students must have completed at least 3 years of both Judaica and Hebrew classes to enroll in the Bar/Bat Mitzvah classes. Meets on Wednesdays from 6:30-8:00, once a month with a Rabbi, complete a Mitzvah project and attend monthly Sunday family Bar/Bat Mitzvah class meeting from 11:00-noon.

### **CONFIRMATION CLASS**

For students in grades 8, 9 & 10. Meets on Sundays from 9:30-10:45 or 12:15-1:30. Students must attend Confirmation class in order to work in our Religious School. Families will be notified of class assignments after September 10.

### **YOUTH GROUPS**

Elementary Youth Group is for students in grades 3, 4 & 5. Junior Youth Group is for students in 6, 7 & 8. SCiTSY (Saratoga County Temple Sinai Youth) for students in grade 9-12, affiliated with NFTY. Each group meets about once a month. Meeting notices are sent via e-mail & flyers.

### **PRE-SCHOOL**

For toilet-trained 3 and 4 year olds meets on Sundays from 9:30-10:40.

### **ADULT HEBREW**

Meets on Wednesday nights from either 6:30-7:30 or 7:30-8:30, depending on the level.

## 2010-2011 TEMPLE SINAI RELIGIOUS SCHOOL REGISTRATION FORM

Name of Parent/Guardian \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

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

**Name of Child #1** \_\_\_\_\_ **Hebrew Name:** \_\_\_\_\_  
 Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Name of Weekday School: \_\_\_\_\_

**Name of Child #2** \_\_\_\_\_ **Hebrew Name:** \_\_\_\_\_  
 Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Name of Weekday School: \_\_\_\_\_

**Name of Child #3** \_\_\_\_\_ **Hebrew Name:** \_\_\_\_\_  
 Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Name of Weekday School: \_\_\_\_\_

**Name of Child #4** \_\_\_\_\_ **Hebrew Name:** \_\_\_\_\_  
 Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Name of Weekday School: \_\_\_\_\_

Is anyone enrolling in the Sunday school only?	Name & phone number of emergency contact:
Is there any additional information we need to know about your child/children? (learning styles, medications, allergies, etc)	

### SCHOOL FEES AND PAYMENT CALCUATIONS

Sunday Judaica school (Kindergarten through 7<sup>th</sup> grade)  
 # of children \_\_\_\_\_ @ 350.00 per child = \_\_\_\_\_

Sunday pre-school (ages 3 and 4)  
 # of children \_\_\_\_\_ @ 215.00 per child = \_\_\_\_\_

Confirmation (grades 8, 9 and 10)  
 # of children \_\_\_\_\_ @ 125.00 per child = \_\_\_\_\_

Wednesday Hebrew school (grades 4 and up)  
*TEXTBOOK FEE ONLY*  
 # of children \_\_\_\_\_ @ 50.00 per child = \_\_\_\_\_

Wednesday BBM tutoring (grades 7 and up)  
 # of children \_\_\_\_\_ @ 300.00 per child = \_\_\_\_\_

**TOTAL AMOUNT PAID** \_\_\_\_\_

Mail-in registration requires payment in full and is due by August 6, 2010.  
 Mail this form, the volunteer sign up sheet, receipt of policy document, and medical authorization forms to Rhoda Pickus at 16 Moore Avenue, Saratoga, NY 12866. Include payment for all school and tutoring fees.

Please make checks payable to Temple Sinai or indicate credit card payment as follows:

Total amount to charge \_\_\_\_\_  
 VISA or MasterCard? \_\_\_\_\_  
 Credit Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 Signature of Parent or Guardian \_\_\_\_\_

## 2011-2011 TEMPLE SINAI RELIGIOUS SCHOOL COMMUNITY BUILDING VOLUNTEER FORM

**Completion of this form is required by all families wishing to register  
their children in Temple Sinai's Religious School.**

**Your support and assistance are essential to the running of our school. Please check off the  
contribution(s) that you would be willing to make to our school.**

**Name of Parent/Guardian** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_  
**E-Mail Address** \_\_\_\_\_  
**Child/Children's Name** \_\_\_\_\_

\_\_\_\_ I am interested in joining and/or learning more about the **Education Committee and/or the Parent Support Team** (meetings about once a month, set policy, implement programs, evaluate and develop curriculum, staff support and development, troubleshoot school issues, etc).

\_\_\_\_ I am interested in helping with the **youth group** programs for Sinai Superstars (grades 3, 4 & 5) the Junior Youth Group (grades 6, 7, & 8) or the senior youth group (grades 9, 10, 11, 12). Each group has an advisor, but needs occasional assistance in chaperoning or facilitating events.

\_\_\_\_ I am interested in helping my child's Sunday school teacher with classroom projects on the theme of **Rebuilding Our Place (Tukkun Hamaom Shelanu)**.

\_\_\_\_ I am interested in helping my child's Sunday school teacher with classroom **Shabbat** lessons or the class Shabbat service. This could include D'var Torah, crafts, cooking, organizing a class dinner or helping with dramatic presentations.

\_\_\_\_ I am willing to be listed as a possible **substitute teacher** for the following:

\_\_\_\_ Wednesday Hebrew classes

\_\_\_\_ Wednesday Bar/Bat Mitzvah tutoring

\_\_\_\_ Sunday Confirmation Class

\_\_\_\_ Sunday Judaica Class

\_\_\_\_ Sunday Music Class

**Substitute teachers are compensated for their time. The  
classroom teacher will provide the substitute with a  
lesson plan and the necessary materials for the lesson.**

\_\_\_\_ I am willing to **assist with set-up and clean-up** at special Sunday **school events**, such as field trips, Hanukah, Passover and Purim programs.

\_\_\_\_ I am willing to **share my skills/interests** by leading or assisting a teacher with the following special activity (please elaborate)

\_\_\_\_\_

\_\_\_\_ I am willing to assist our Judaica teachers with a classroom **cooking** projects.

\_\_\_\_ I am willing to assist our Judaica teachers with a classroom **art** projects.

\_\_\_\_ I am willing to volunteer for other committees and programs that support Temple's Sinai's goals. I'd be interested in more information about \_\_\_\_\_

\_\_\_\_\_

**2009-2010 TEMPLE SINAI RELIGIOUS SCHOOL REGISTRATION PRIVACY POLICY**

**Consent to Include Personal Photographs and Information on Temple Sinai Electronic and Hard Copy Publications**

The benefits of our electronic age are often overshadowed by the widespread release of privacy information and photographs, which may be meant for only limited distribution. Individuals have different levels of concern, with higher level of concerns regarding photographs and names of children. It is therefore appropriate to develop a policy for the release of photographs and information where privacy may be compromised.

As background information, some private information is readily available for adults, at no cost, on the Internet. Information (via a search on 'white pages') includes age, current and past addresses, and phone number (if listed). Even if a phone number is unlisted, the age and address of the individual may be available. For a moderate fee, additional information can be obtained. As such, this policy provides an increased sensitivity regarding the release of photographs and information of individuals who are younger than 18 years old.

Consent to publish photographs, names, home addresses, phone numbers and e-mail addresses of individuals 18 years or older will be assumed unless the Temple is notified otherwise. Notification must be made in writing.

Consent to publish photographs of individuals younger than 18 years old, where faces are not recognizable and names are not included, will also be assumed unless the Temple is notified otherwise.

Parental permission to publish photographs and/or information of their child younger than 18 years old must be obtained either verbally or in writing. The originator of the photograph and/or information is responsible to obtain and document this permission. A means to obtain consent includes a line item on Temple Sinai Hebrew/Sunday school registrations.

**I HAVE READ THIS POLICY AND MY SIGNATURE BELOW *INDICATES MY CONSENT TO INCLUDE MY CHILD/CHILDREN'S PHOTOGRAPHS IN TEMPLE SINAI'S ELECTRONIC OR HARD COPY PUBLICATIONS***

**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**OR**

**I HAVE READ THIS POLICY. *I DO NOT WANT TEMPLE SINAI TO INCLUDE MY CHILD/CHILDREN'S PHOTOGRAPHS IN TEMPLE SINAI'S ELECTRONIC OR HARD COPY PUBLICATIONS***

**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

# AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS

If your child needs medical, dental, health or hospital services, under the law, you as a parent must give permission. Naturally, if you are with your child you can give permission as the need arises. You can prepare for those unexpected times when you are not with your child by filling out this authorization form. Using this form, you can give permission to other adults to act for you, in your absence, regarding the treatment of your child.

This is a legal document. After you complete the form, give a copy to each adult you have named

to act on your behalf. If your child needs unexpected medical treatment, the responsible adult should present this document to the appropriate person-physician, dentist or hospital representative.

When a true emergency exists, a child may be treated without parental consent. This will happen only when a physician determines the child needs immediate medical care and an attempt to obtain parental consent would result in a delay which would increase the risk to the child's life or health.

## COMPLETE A SEPARATE FORM FOR EACH CHILD

### IDENTIFICATION

Name of minor \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Known allergies \_\_\_\_\_  
Special conditions \_\_\_\_\_  
Date of last Tetanus shot \_\_\_\_\_

### FAMILY PHYSICIAN

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_

### HOSPITALIZATION COVERAGE FOR ABOVE NAMED MINOR

Insurance company \_\_\_\_\_  
I.D. or contract number \_\_\_\_\_

I, being the parent of custody or legal guardian of the above named minor, do hereby appoint **TEMPLE SINAI RELIGIOUS SCHOOL, 509 BROADWAY, SARATOGA, NY 12866** to act on my behalf in authorizing unexpected medical, dental or surgical care, or hospitalization for the above named minor in my absence.

### Signature of parent/guardian

Date \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone Number \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_

### Signature of witness

Date \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone Number \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_

**THIS FORM IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE SIGNED.**