



The Community School for Jewish Learning (“J School”)
in honor of Edna and Irving Newman

Student Enrollment Form 2018-2019/5779

Please complete a form for each student enrolled, and mail completed forms with the minimum deposits (checks made out to BIJC) to B’nai Israel, 740 Western Ave, Petaluma CA 94952. With questions, call Reb Irwin at (415) 779-4914 or email him at rebirwinkeller@gmail.com.

Student Name _____

Member at (**check one**):

B’nai Israel Jewish Center

Congregation Ner Shalom

Unaffiliated (Note that a surcharge of \$200/student will be charged to families that are not members of either of the sponsoring congregations.)

IF THIS IS A RETURNING STUDENT, ONLY COMPLETE INFORMATION THAT HAS CHANGED ON THIS PAGE:

Secular School _____ Grade (2018-19) _____

Date of Birth ____/____/____ Hebrew Name _____

Address _____

Home Phone _____

Cell Phone _____

E-mail _____

Parent 1 _____ Cell Phone (____) _____
Name

Occupation _____ E-mail _____

Business/daytime phone no. _____

Parent 2 _____ Cell Phone (_____) _____
Name

Occupation _____ E-mail _____

Business/daytime phone no. _____

Additional Adult with Parental Authority _____
Name

Cell Phone (_____) _____

Occupation _____ E-mail _____

Business/daytime phone no. _____

Additional Adult with Parental Authority _____
Name

Cell Phone (_____) _____

Occupation _____ E-mail _____

Business/daytime phone no. _____

Priority Contact: Who is the primary adult above to contact by phone or email? _____

Roster: Check here [] if you **do not** want to be included in a J School roster for distribution.

Grandparent Information

We would like to be able to contact your child(ren)'s grandparents, to invite them to participate, to join our Facebook group, and to send a fundraising letter once a year. Please provide contact information:

Grandparents 1 _____ E-mail _____
Names

Address _____

Grandparents 2 _____ E-mail _____
Names

Address _____

___ Check here if you DO NOT want us to send them a fundraising letter during the year.

Field Trip Permission

I give permission for my child to participate fully in all religious school activities for the 2018-19 school year. I understand that field trips will be adequately supervised, and transportation will be arranged either by parent/teacher carpools, school buses, or walking, and that I will be informed beforehand of all such trips.

Parent/Legal Guardian (Print Name) Signature of Parent/Legal Guardian Date

Authorization to Use Images

I give permission for images of my child taken at J School events to be published in our weekly blast, website or in other material created for publicity purposes. No names or personal information will be used without permission.

Parent/Legal Guardian (Print Name) Signature of Parent/Legal Guardian Date

INCLUSION

In order to serve your child(ren) best, please let us know of any special circumstances or unique characteristics that would help us teach your child. Be sure to list any specific needs (educational, medical, food restrictions, allergies, etc.) so that we may make his/her experience with us a good one. This information will be handled confidentially.

If your child has an IEP or Section 504 plan that is being implemented in school, feel free to share this information with your child’s teacher or the J School Director.

The J School Director is available to discuss any issue regarding special or challenging circumstances your child and family might be facing this year. We are foremost a place of spiritual sanctity and sanctuary. We want to support our students with any trying circumstances that they may be facing in their personal lives including illness, divorce, job loss, etc.

J SCHOOL ELECTRONICS USE POLICY

My child _____ and I understand and
Name
agree to J School's Electronics Use Policy:

The use by students (out-going calls, in-coming calls, text messaging, camera use, game-playing, or any other use) of cell phones, pagers, tablets, laptops, mp3 players, pda's, cameras or personal electronics of any other kind in the school during school hours is strictly prohibited. If any such items are used in the school building by students during school hours it will be taken away and returned after school.

IPads, laptops, etc., may be used for educational purposes with the express permission and oversight of the teacher for each use.

Parent Name: _____ Date: _____
Please print

Parent Signature: _____

Student Name: _____ Date: _____
Please print

Student Signature: _____

EMERGENCY AND MEDICAL INFORMATION

Please alert us to and list any **allergies** to food, medicines, plants or insects your child has and any **medications** your child takes. Also please let us know about any medical problems, health issues, educational/learning challenges or other special needs of your child. Be specific!! Attach additional sheets if necessary.

Student Name _____

In the event of an emergency, every reasonable attempt will be made to contact parents. If parents cannot be reached, the School will use this information to contact the person(s) that you designate as being authorized to take responsibility for your child(ren).

Contact 1: _____ Relationship to student(s): _____

(_____) _____
Business/Cell Phone No. (circle one)

Contact 2: _____ Relationship to student(s): _____

(_____) _____
Name Business/Cell Phone No. (circle one)

Doctor: _____
Name Address

(_____) _____
Phone No

Health Plan: _____ Policy/ID No: _____

Dentist: _____
Name Address

(_____) _____
Phone No

Authorization for Emergency Medical Care for School Year 2018-19

I grant permission to The Community School for Jewish Learning, in the event of an emergency, to seek emergency medical care, including transportation to the emergency room, for my child. Every effort will be made to reach parents or emergency contacts listed above. Furthermore, permission is granted to the physician in charge to administer whatever treatment is deemed necessary, at my expense. These instructions will remain in force unless I revoke them in writing.

Guardian (Print Name) Signature of Parent/Legal Guardian Date Parent/Legal

Student Vaccination Information

My child _____ is
Name

(Please check the accurate box for each vaccination)

Required Shots	Up-To-Date	Not Up-To-Date
Polio		
DTP/DTaP (Diphtheria, tetanus, pertussis (whooping cough))		
Td Booster (tetanus)		
MMR (measles, mumps, rubella)		
Hepatitis B		
Hib (heamophilus influenza b)		
Varicella (chicken pox)		

This information is accurate.

Parent Name: _____
Please print

Date: _____

Parent Signature: _____

The Community School for Jewish Learning

PARENT VOLUNTEER FORM 2018 - 2019

Family Name (print): _____

Our community is small in numbers but vibrant, diverse, and energetic. In order to provide a broad, rich and meaningful program for your children, we ask that parents participate in a minimum of 2 classes/programs. We have lots of opportunities for you to help, see below. In fact, you are welcome to identify a "need" and fill it. Volunteering gives you the opportunity to make CSJL your other Jewish "home" and, at the same time, enriches our educational programs and your child's school experience.

Please let us know how you would like to help out by checking at least one of the following activities:

- Education Committee Member** – Be one of the people who makes decisions about J School's direction, provides advice and a sounding board to the director.
- Class Parent** – Serve as communication conduit between your child's teacher and other parents regarding class needs, events and upcoming programming. Help to coordinate activities with the teacher and school director and serve as advisory group to school director. (Maximum 2 per class.)
- Art/Music Volunteer** – Help develop music, dance or art projects that will enhance the love and connection to Jewish life.
- Event Planner** – Organize a school wide family activity (Movie night, mini-fundraiser, holiday event, Shabbat experience)
- "Day of" Event** - Help with set up, clean up, food prep for school wide events, photography
- Short Notice Person** - Call me when you're in a crunch.
- Other: I would like to volunteer to** _____
(e.g. making ceramic menorahs, cooking chicken soup or cholent, or tie dyeing challah covers with students, playing music at events). Please call me to discuss.

We thank you for your *support!* **TODAH RABBAH! More opportunities will be offered in the future!**

TUITION INFORMATION 2018-19

Complete and return with your registration. FEES ARE DUE WITH REGISTRATION.

Family Name (print): _____ (Complete ONE per family)

Tuition is the actual cost of operating the school, allocated by grade level and teacher level. We ask you to pay the full tuition, and if you are able to help defray the costs for struggling families, we will gratefully accept additional donations. If you are not able to pay the full tuition, please contact Reb Irwin at (415) 779-4914 or email him at rebirwinkeller@gmail.com. Please use the chart below to identify your commitment for the coming year. **NO ONE WILL BE TURNED AWAY BASED ON INCOME.**

Deposit (\$200) is required with registration. All remaining fees must be paid in full by December 31, 2018, unless other arrangements have been made. Late fee will be charged for anyone not paid in full by December 31st.

Tuition includes \$25 snack for K-4 grade students.

For 2018 - 19, tuition is as follows:

	Tuition Member/Non-Member	# of Children	Commitment
K-4th Grades (Sundays 9:00-11:30am)	\$900 / \$1,100		
5th-7th Grades (Sundays 9:00am-1pm)	\$1,400 / \$1,600		
Bar/Bat Mitzvah tutoring fees will be determined by your Congregation			
Post Bar/Bat Mitzvah Class-15 classes	\$400 / \$500		
Additional Donation			
Total			

Enclosed Amount \$ _____ **Check No.** _____

Please make checks payable to BIJC - CSJL

Balance (Due by Dec. 31, 2018) \$ _____

Payment options (please check one):

- Full Payment (enclosed w/registration)
- Partial Payment (deposit enclosed for each child, remainder to be paid by Dec. 2018)
- Charged to credit card monthly or as arranged
- Billed monthly and paid by check

I am paying by (please check one):

- Visa
- MasterCard
- American Express

I agree to an additional 1.5% added to the bill to defray the charge card fee.

Account No.: _____ Exp. Date: ____/____ Security Code _____

Billing Address: _____

Name as it appears on card: _____

FINANCIAL ASSISTANCE REQUEST 2018-19

The Community School for Jewish Learning is committed to helping our families provide a Jewish education for their children. Due to limited resources, we ask that only families who are currently experiencing financial hardship apply. Priority will be given to students in households that have experienced job loss, business failure, or loss of the primary earner during the last 6-12 months, to those households with special needs that pose a significant financial barrier to participation in synagogue life, and to students in single parent families with financial need. If you are unable to pay tuition and are requesting assistance, please contact Reb Irwin Keller at (415) 779-4914 or by emailing rebirwinkeller@gmail.com. **All submitted information will be kept confidential.**