



**Registration Packet**  
**Heska Amuna Religious School**  
**2017 - 2018**  
**5778**

Dear Parent,

Congratulations for taking a positive step in your child's education by choosing to enroll them in religious school! We have many learning activities and enrichment opportunities prepared for your child.

**All registration forms** must be completed by **Sunday August 20, 2017**. We cannot have your child in school without these forms.

***Communication between home and school is a top priority for both safety and education quality. For your child's success, regularly check your email, HARS and Synagogue Facebook page and NuNews***

We love the chance to get to know you and your family! Our school is open to the children of Heska Amuna Synagogue members ages 4-12. Our new program, ***B'Yachad*** is a joint venture between Heska Amuna Synagogue and Temple Beth El. The program is open to the community for children ages 0 - 4. If you have not yet made a commitment to a religious institution, please contact us for information about our school and the benefits of membership.

Thank you for including us as part of your children's Jewish education. We look forward to working with your entire family in the coming year!

B'Shalom,

***Betty Golub***  
Youth and Family Programming Director

## Heska Amuna Religious School TUITION 2017-2018

Heska Amuna Synagogue is committed to providing a quality Jewish education for your child(ren). Your children are the link in our continuity for the future of Judaism. The Religious School is funded by a combination of parent fees, Synagogue budget, and grants. School fees cover expenses involved with providing the best possible supplemental Jewish education. Fees include the cost of:

- Teachers and specialists
- Textbooks, teacher guides, and curriculum
- Healthy snacks and drinks
- Basic supplies
- Ongoing learning opportunities for staff

To help keep costs down, please volunteer to sponsor snacks, assist in your child's classroom, or help with special events (see Volunteer Form in this packet).

***Back by popular demand! Sibling discount!!*** For multiple students, take 10% off the total tuition.

***Don't miss out on our brand new EARLY BIRD SPECIAL!*** Pay the following reduced tuition rate by August 20, 2017 (or set up a payment plan with Betty before the August 20<sup>st</sup>, 2017)

There will be a \$50.00 increase per child after August 20, 2017.

<u>Grade</u>	<u>Early Tuition</u>
B'Yachad	Free
Activity Fee for Pre K - Prozdor (this avoids many small fees throughout the year)	\$50
Pre K - Prozdor Students attending 1x a week	\$300
3rd - 8th Grade students attending 2x week	\$400
Bar/Bat Mitzvah Tutoring	\$400

## TUITION PAYMENT 2017-2018

Tuition is due by **August 20, 2017**. Families who wish to make arrangements to pay tuition over time or to obtain financial aid should contact Betty Golub by August 20, 2017. Betty will contact the Financial Vice Chair and the **financial aid process is completely confidential**.

Student name(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

_____ (number) Programming Fee (all PreK - Prozdor)	x \$50 =	_____
_____ (number) Students attending once per week	x \$300 =	_____
_____ (number) Students attending twice per week	x \$400 =	_____
_____ (number) Bar/Bat Mitzvah students	x \$400 =	_____
<b>TOTAL = \$</b>		_____
10% discount for multiple children = -		_____
<b>TOTAL = \$</b>		_____

I wish to pay by:

- \_\_\_\_\_ Cash
- \_\_\_\_\_ Check
- \_\_\_\_\_ Bill my synagogue account
- \_\_\_\_\_ Credit Card on file

*Credit Card not on file - please call the synagogue office to provide card information*

Heska Amuna Religious School

Returning Parent Information

*\* Please complete each year in case there are any changes \**

\_\_\_\_\_  
Mother's name

\_\_\_\_\_  
Mother's cell #

\_\_\_\_\_  
Mother's occupation

\_\_\_\_\_  
Mother's email

Address \_\_\_\_\_

\_\_\_\_\_  
Father's name

\_\_\_\_\_  
Father's cell #

\_\_\_\_\_  
Father's occupation

\_\_\_\_\_  
Father's email

Address (if different) \_\_\_\_\_

If parents live apart, to whom shall we send mailings/email?

both parents    mother    father    other \_\_\_\_\_

Are there custody issues that we should be aware of? If yes, please explain briefly or make an appointment with the Education Director.

\_\_\_\_\_  
\_\_\_\_\_

Adult(s) other than parent to contact in case of emergency (include cell number):

\_\_\_\_\_  
\_\_\_\_\_

To ensure safety of the child(ren) list people authorized to pick up my child(ren) (include cell number):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Heska Amuna Religious School**  
**Student Information Form (1 form per child)**

Please print or copy this form for each child in HARS, or pick up in the office.

\_\_\_\_\_  
First Name                      Last Name                      Hebrew name

Birthday - mm/dd/yy \_\_\_\_\_

\_\_\_\_\_  
School Name and Location                      \_\_\_\_\_  
Grade

Does your child have any special physical or learning considerations?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies (including food and medications) (use back if needed):  
\_\_\_\_\_  
\_\_\_\_\_

Please list any health concerns/medication we should be aware of (use back if needed):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

\_\_\_\_\_  
Insurance Company                      Policy Number

## Volunteering

Involvement in religious school functions is the best way you can show your child that you value their Jewish education and support them personally. **All parents are expected to find at least one volunteer option that works into their schedule for the coming year.**

There are opportunities that will fit all schedules!

- \_\_\_\_\_ Rotate weekly with other parents for Sunday Morning Door Supervision (9:30-12:30pm)
- \_\_\_\_\_ Rotate weekly with other parents for Wednesday Afternoon Door Supervision (4 - 5 pm)
- \_\_\_\_\_ Classroom Volunteer (for special projects, or any time schedule permits)
- \_\_\_\_\_ Help with Camp Chaverim
  - \_\_\_\_\_ Art
  - \_\_\_\_\_ Music (singing, playing an instrument, or helping learn songs)
  - \_\_\_\_\_ Cooking
  - \_\_\_\_\_ Israeli Dancing
  - \_\_\_\_\_ Crafts
  - \_\_\_\_\_ Yoga
- \_\_\_\_\_ Substitute for absent/out of town teacher (lesson plan provided)
- \_\_\_\_\_ Help with childcare for High Holidays
- \_\_\_\_\_ Help with food for High Holiday Childcare Program
- \_\_\_\_\_ Special Event (set up & clean-up)
- \_\_\_\_\_ Bring snacks
- \_\_\_\_\_ Drive students on field trips
- \_\_\_\_\_ Religious School Fundraiser--plan and implement
- \_\_\_\_\_ Website and Social Media--update
- \_\_\_\_\_ Serve on the Education Committee
- \_\_\_\_\_ Create a bulletin board
- \_\_\_\_\_ OTHER (describe) \_\_\_\_\_



**Heska Amuna Synagogue  
School Trips Permission Form  
2017-2018**

**FAMILY NAME** \_\_\_\_\_

I give permission for my child(ren) \_\_\_\_\_  
to participate fully in all activities of Heska Amuna Religious School for the 2017 -  
2018 school year. I understand that field trips will be adequately supervised, and  
transportation will be arranged either by parent carpools, school buses, or walking,  
and that I will be informed beforehand of all such trips.

I hereby empower the Religious School Director or appropriate staff member to  
act for me in accordance with his/her best judgment in case of an emergency.

Please list allergies and the appropriate response: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

\_\_\_\_\_  
Insurance Company Policy Number

Signature of Parent or Guardian: \_\_\_\_\_

Name of Parent or Guardian (please print) \_\_\_\_\_

Date: \_\_\_\_\_



## Heska Amuna Synagogue Photograph Release Form

I \_\_\_\_\_ (print name) hereby grant permission to Heska Amuna Synagogue to use, publish, re-use or re-publish my photograph or image on its Website and/or in other official printed publications with or without accompanying text which might include my name or other identifying information and to copyright such photograph or image in its name or any other name.

I acknowledge the Synagogue has the right to crop or treat the photograph or image at its discretion. I also acknowledge that the Synagogue may choose not to use my photograph or image at this time, but may do so at its own discretion at a later date. Further, the Synagogue reserves the right to discontinue the use of any photograph or image without notice.

This authorization is continuous and may only be withdrawn by my specific written termination of this authorization. Such termination of authorization will not affect the Synagogue's rights with respect to any uses that began prior to the date of the termination even if that use continues thereafter.

I also understand that once my image is posted on the Synagogue's Website, the photograph or image can be downloaded by any third party either affiliated or not with Heska Amuna Synagogue. Therefore, I release and agree to indemnify the following, and their successors, heirs and assign, from any claims on the Board, employees, and webmaster of Heska Amuna Synagogue.

### For persons over 18:

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### For persons under the age of 18, the permission of a parent or guardian is required on this Photograph Release Form.

I \_\_\_\_\_ (print name) hereby grant permission to the Heska Amuna Synagogue to use the photograph or image of my child as outlined above.

NAME OF CHILD UNDER 18: \_\_\_\_\_

(check 1) \_\_\_\_\_ Please identify by first name only      \_\_\_\_\_ Please do not identify by name

I \_\_\_\_\_ (print name) DO NOT grant permission to the Heska Amuna Synagogue to use the photograph or image of my child as outlined above.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_