

**TEMPLE JUDEA OF MANHASSET RELIGIOUS SCHOOL**  
**333 Searingtown Road Manhasset, NY 11030 • Phone: (516) 621-8212**

Dear Parents,

I am pleased to enclose school registration materials for the 2016-2017 school year. We are very excited to once again offer our “Journeys” program to our grade 3- 6 students. We have made some modifications to the family component of the program for the upcoming year. Each family will choose a Mitzvah project strand that appeals to their own family goals and interests. Families will then be grouped by the strand they choose and, as a group of families, will select group meeting times based upon their schedules. The group will be coordinated by a group leader, one of our clergy or educators, and will work towards a culminating project for the end of the year. Many of these Mitzvah strands will also engage families with other groups and leaders within our congregation. Family Jewish holiday celebrations will also be offered throughout the year. A calendar with those program dates will be mailed in August and we ask that families commit to participating in at least 4 throughout the year.

Students will continue to attend class once a week, on Wednesday afternoons. Additionally, students in grades 5 and 6 will participate in weekly small group Hebrew tutorials.

Our “Journeys” program is designed to ensure mastery of basic competencies that we expect students in our school to demonstrate, as well as integrate the core values we have identified for our school:

1. Build community both among school families and with the congregation.
2. Create opportunities for students to learn about Jewish celebrations within the context of Jewish time.
3. Enable families to participate in communal programs whose themes and times appeal to them.
4. Provide learner-centered Hebrew in an environment in which each child can succeed at his/her own pace.

Our K-2 program will also work to fulfill these goals, as students come together as a learning community to celebrate Shabbat and Jewish holidays. Students will learn about Jewish values and Israel, and will be introduced to Hebrew words and blessings.

In 7<sup>th</sup> grade, students will have the opportunity to learn with Irving Roth, Director of Temple Judea’s Holocaust Resource Center, as part of their exploration of what it means to be an adult member of a Jewish community. Additionally, our 7<sup>th</sup> graders will be invited to participate in trips with our older students, as an introduction to our post-Bnei Mitzvah learning model.

Our community based teen program, the *Community Chai School*, brings together teens from Temple Tikvah and Marathon Jewish Center. Students in 8<sup>th</sup> and 9<sup>th</sup> grade will participate in leadership development programs and community service programs. Our 10<sup>th</sup> grade students will be learning with Rabbi Chizner, as well as other clergy, as they explore essential questions and the role of Judaism in their lives.

Our 11<sup>th</sup>, & 12<sup>th</sup> grade students have the opportunity to continue their discussions with Rabbi Chizner, as they meet monthly to explore a variety of meaningful subjects through a Jewish lens.

I am looking forward to an exciting school year together. In the meantime, I wish you and your family a safe, restful summer. If you have any questions, please call the Religious School office at (516) 621-8212 or email me [schooldirector@temple-judea.com](mailto:schooldirector@temple-judea.com).

Sincerely,

Lauren Resnikoff, RJE  
Religious School Director

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## Registration Form 2016-2017 - One Per Family

Please check here if all information is correct. Please make any changes on the appropriate lines.

**Parent #1:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Business Phone#: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Parent #2:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Business Phone#: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please indicate preferred email for school mailings (circle)    Parent#1    Parent#2    Both

School District (Circle One): Roslyn    Herricks    Manhasset    Mineola    Port Wash.    E. Williston

Other \_\_\_\_\_

May we distribute your name and phone number on a class list?  YES     NO

Are you interested in serving as a class parent?  YES     NO

Are you interested in serving on the Education Committee?  YES     NO

Are you interested in assisting with school special events?  YES     NO

(over)

**Class Registration**

Student's Name	Grade (Sept 2016)	Fee
<b>Total Enclosed</b>		

Description	Scheduled Days/Times	Early Bird <u>Must</u> be Rec'd by 6/10/16	Rates After 6/10/16
Grades K, 1, 2 (No Membership Required)	Wednesday 4:00 – 5:45 PM	\$360	\$360
Grade 3 & 4	Wednesday 4:00 – 5:45 PM	\$750	\$775
Grades 5 & 6	Wednesday 4:00 – 5:45 PM <u>AND</u> Small Group Hebrew * Please indicate time preference below	\$1165	\$1190
Grade 7	Wednesday 6:45 – 8:00 PM weekly	\$925	\$950
Grades 8 & 9	Sunday 11:30 – 1:00 PM as per calendar	\$475	\$475
Grade 10	Sunday 11:30 – 1:00 PM as per calendar	\$475	\$475
Confirmation Fee (Grade 10)		\$250	\$250

**Grades 5 & 6 ONLY: Hebrew Preference**

**Requests will be filled on a first come, first served basis. We will make every attempt to accommodate your first choice. Please indicate your 1<sup>st</sup> & 2<sup>nd</sup> choices:**

**Before School Wed (3:30 – 4:00 PM) \_\_\_\_\_**

**After School Wed (5:45 – 6:15 PM) \_\_\_\_\_**

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## Individual Student Registration Form 2016-2017 - **One Per Student**

- Please fill out a separate form for each student.
- Please note that payment must be included with this form.
- ALL TEMPLE FEES MUST BE CURRENT PRIOR TO RELIGIOUS SCHOOL REGISTRATION.

Student's Name \_\_\_\_\_ Circle One: Male Female

Birth Date \_\_\_\_\_ Hebrew Name (if known) \_\_\_\_\_

Grade in Secular School (Fall '16) \_\_\_\_\_ Name of Secular School \_\_\_\_\_

**JOURNEYS MITZVAH STRAND:** Please indicate with a "1" and a "2" which Journeys project you would like for the year. Please note that we will do our best to give everyone their first choice. Because this program is based upon family interest, it may be necessary for us to offer you your second choice. Please see the attached Journeys sheet for more information on each of the Mitzvah Strands.

\_\_\_\_\_ **Zachor: The Mitzvah of Remembrance**

\_\_\_\_\_ **Shmirat Hag-Guf: The Mitzvah of Caring for Ourselves**

\_\_\_\_\_ **Gemilut Chasadim: The Mitzvah of Caring for Others**

\_\_\_\_\_ **Ahavat Yisrael: The Mitzvah of Loving Israel**

\_\_\_\_\_ **Talmud Torah: The Mitzvah of Torah Study**

### Please tell us about your child:

Does your child have any talents/interests of which they are particularly proud?

Does your child have any food allergies or other health concerns of which we should be aware?  
If so, will you be leaving an EpiPen with us?

Is your child taking any medications regularly (including asthma inhaler)? Please explain.

Are there any special family situations of which you would like us to be aware? (e.g. family illness, divorce, remarriage, new birth?) Please explain.

Does your child have any special learning needs? If so, please explain:

Do you have any concerns that you would like to share with us about your child?

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## Medical / Emergency Contact Form & Photo Release - **One Per Family**

Student's Name: \_\_\_\_\_ Grade (Sept 2016)\_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade (Sept 2016)\_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade (Sept 2016)\_\_\_\_\_

### **MEDICAL RELEASE**

I (We) warrant and represent that I(we) am the parent(s) and/or legal guardian(s) of the minor child(ren) listed above. I (We) hereby give my consent to the staff of Temple Judea Religious School to make available to my child emergency medical care if such care is indicated. It is understood that a conscientious effort will be made to notify me (or other guardian or contact as listed below) before such action is taken. It is further understood that every effort will be made to contact the family physician (listed below) prior to any treatment. However in the event that this is not possible, I give permission for my child to receive medical care by any doctor, nurse, paramedic, or member of a medical staff licensed by New York State. I further certify that my child is in good physical health. He/she has my permission to fully participate in all activities that are part of the Religious School Program

Parent/Legal Guardian #1 Name: \_\_\_\_\_

Daytime Phone# \_\_\_\_\_

Home Phone# \_\_\_\_\_

Cell Phone# \_\_\_\_\_

Parent/Legal Guardian # 2 Name: \_\_\_\_\_

Daytime Phone# \_\_\_\_\_

Home Phone# \_\_\_\_\_

Cell Phone# \_\_\_\_\_

Child's Physician Name \_\_\_\_\_ Physician Phone# \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION (if parent is unavailable)**

Emergency Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

### **PHOTO/VIDEO RELEASE:**

I (We) warrant and represent that I(we) am the parent(s) and/or legal guardian(s) of the minor child(ren) listed above. I (We) consent to Temple Judea of Manhasset and the Temple Judea of Manhasset Religious School use of the Student's likeness, voice, image whether in video, on the web, still photography and any or all media for purposes of promoting, advertising, or in internal presentations related to the Temple Judea Religious School or Temple Judea of Manhasset or any of its programs or endeavors. I(We) voluntarily release, discharge, waive, and relinquish all claims or actions that I(We) or the Student may have against the Temple Judea Religious School or Temple Judea of Manhasset, its trustees, officers, agents, employees, representatives and volunteers for such usage. This consent may not be withdrawn without a written request. To do so, send the request to Temple Judea of Manhasset at 333 Seasingtown Road, Manhasset NY 11030 by certified return receipt requested US Mail.

\_\_\_\_\_  
Parent/Legal Guardian #1 Printed Name      Signature      Relationship      Date

\_\_\_\_\_  
Parent/Legal Guardian #2 Printed Name      Signature      Relationship      Date