

**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 2017-2018 school 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.

In addition to weekly classes, families of students in grades 3-6 will participate in our “Journeys” program. 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 meet together throughout the year.

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.

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 ALL families commit to participating in at least 4 throughout the year.

We are pleased to be a recipient of a Better Together grant. Through this special program, students in grades 6 & 7 will be meeting regularly with Irving Roth, Director of Temple Judea’s Holocaust Resource Center, as well as local seniors, many of whom are Holocaust Survivors. A special culminating program, to which family members will be invited, will be held in April. Please note the class meeting time for the 6<sup>th</sup> & 7<sup>th</sup> grade students.

Our community based teen program, brings together teens from Temple Tikvah and Marathon Jewish Center. Our 8<sup>th</sup>-12<sup>th</sup> grade students will participate in ongoing discussion sessions with Rabbi Chizner, as they explore essential questions and the role of Judaism in their lives. Community service programs and a leadership program (JuTiFTY) complement the sessions with Rabbi Chizner. A separate information packet and registration form will be sent to all who are eligible for this program.

New this year is an alternate track called “Journeys@Home” for students in grades 3 -6 who can not attend regular classes on Wednesday afternoons. Temple Judea teachers will tutor a child at the child’s home. Families must also commit to attending Journeys and Family Holiday Programs. For information about this track, please download the information form from [www.temple-judea.com](http://www.temple-judea.com).

I am looking forward to an exciting school year together. Please note that our discounted early registration fees are valid until June 30. 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 2017-2018 - **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  
Buckley    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 2017)	Fee
<b>Total Enclosed</b>		

Description	Scheduled Days/Times* ( <u>In addition to Journeys &amp; Family Holiday Programs</u> )	Early Bird <u>Must</u> be Rec'd by 6/30/17	Rates After 6/30/17
Grades K, 1, 2 (No Membership Required)	Wednesday 4:00 – 5:45 PM	\$360	\$360
Grade 3 & 4	Wednesday 4:00 – 5:45 PM	\$775	\$800
Grade 5	Wednesday 4:00 – 5:45 PM <u>AND</u> Small Group Hebrew <i>* Please indicate time preference below</i>	\$1190	\$1215
Grade 6	Wednesday 5:45 – 6:15 PM Small Group Hebrew <u>AND</u> Wednesday 6:15 – 7:30 PM weekly	\$1190	\$1215
Journeys@Home Option for grades 3 -6	Weekly Schedule as determined by parents and school director	\$2000	\$2025
Grade 7	Wednesday 6:15 – 7:30 PM weekly	\$950	\$975
Grades 8 -12	Classes will meet weeknights over dinner with Rabbi Chizner. Session dates & fees will be announced in a separate registration mailing. There will also be community service programs and leadership programs (JuTiFTY) to complement the learning with Rabbi Chizner.		
Confirmation Fee (Grade 10)		\$250	\$250

### Grade 5 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 class on Wed (3:30 – 4:00 PM) \_\_\_\_\_ After class on Wed (5:45 – 6:15 PM) \_\_\_\_\_

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## Journeys Registration Form 2017-2018 - **One Per Family**

Family Name \_\_\_\_\_

Our Journeys program is designed to supplement the classroom learnings with family holiday experiences. As such, we ask that each family commit to attending at least four (4) of this year's family celebrations. Some of the programs we are planning at this date include:

- **Selichot Dinner and Program** (Saturday, September 16, 2017)
- **Sukkot Dessert & Program** (Wednesday, October 4, 2017)
- **Simchat Torah Dinner and Celebration** (Wednesday, October 11, 2017)
- **Chanukah Candle-lighting and Celebration** (Wednesday, December 13, 2017 - After school)
- **Tu BiShevat Celebration** (Sunday, January 28, 2018)
- **Purim Megillah Reading & Celebration** (Wednesday, February 28 )
- **Passover Celebration** (Sunday, March 25, 2018)

**In addition, we ask that each family choose a mitzvah strand. These strands are based upon areas of interest for your family. Families may sign up together. There will be approximately 4 meetings per year.**

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.

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

Jewish tradition has a lot to say about caring for our bodies. Through physical activities and cooking, we will explore this mitzvah. Sessions will generally meet on **Sunday mornings**.

### ***Gemilut Chasadim: The Mitzvah of Caring for Others***

Join our Social Action committee in helping to improve the world through providing for those in need. Sessions will generally meet on **Sunday mornings**. **Some sessions may be out of the building.**

### ***Ahavat Yisrael: The Mitzvah of Loving Israel***

Some highlights of our learning about Israel will include meeting with Israelis and learning to cook Israeli food. A final project will be shared at our Yom HaAtzmut service. Sessions will generally meet on **Saturday late afternoons**.

### ***Talmud Torah: The Mitzvah of Torah Study***

Families will participate in interactive Torah learning and will have the opportunity to lead a session.

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## Individual Student Registration Form 2017-2018 - **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 '17) \_\_\_\_\_ Name of Secular School \_\_\_\_\_

### 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 2017)\_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade (Sept 2017)\_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade (Sept 2017)\_\_\_\_\_

### **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