

June 1, 2009

Dear Parents,

It is hard to believe that we've already finished another school year! Whether your summer plans will include sending the kids to sleepaway camp, playing ball in the park, too much ice cream, or a far away vacation, we wish you and your whole family a relaxing and rejuvenating summer.

This fall will bring some exciting changes to our youth education and family learning programs, particularly in how we integrate classroom learning with Shabbat and holiday celebrations. Below is an outline of what you can expect.

**Hebrew school 'in the classroom' one afternoon per week from 4-6pm**

- When?
  - Starting Sept. 15& 16, 4-6pm
  - Wednesdays: Grades preK-3
  - Tuesdays: Grades 4-7
- What?
  - First hour: Judaic Studies – Jewish history, Jewish values gleaned from sacred texts, rituals, holidays, and culture. 2009-2010 theme: The American Jewish Experience – A History of Jews in America.
  - Second hour: Hebrew reading and prayer skills with some modern Hebrew basics.
- Highlights
  - Only 8-12 students per class
  - Talented, friendly & creative teachers
  - Each month every student has an opportunity to bring their learning alive in a Shabbat or holiday context

**Hebrew school 'live' 2-3 times per month:**

- Family Shabbat services followed by a potluck (one Fri. night per month starting in October)
- Shabbat morning interactive activities (one Sat. morning per month, starting in November, excluding Feb.)
- Spirited holiday celebrations (Rosh Hashanah, Yom Kippur, Sukkot, Simhat Torah, Channukah & Purim)
- Tikkun Olam Family programs: Community service as a family (one Sunday per month beginning Oct. 25, excluding Dec. and Feb.)
- Havurah@Home: Relaxed home Shabbat dinners (Four Fridays, starting Fri. Sept. 11)

Please see the enclosed calendar for specific dates and times.

We look forward to seeing you again this fall.

Kol tuv (regards),

Sarah Chandler, Education Director

Hazzan Ayelet Piatigorsky

Rabbi Yael Ridberg

# Registration Packet

Please fill out **all pages** of this packet and return to the office with your \$100/per child deposit by Monday, June 22, 2009. Those who register by that date may deduct a **\$50 early registration discount per student**. Please be aware that the synagogue policy is that either tuition must be paid in full (or you have submitted either credit card information or post-dated checks) by Wednesday, Sept. 9, in order to enroll in Hebrew school.

West End Synagogue – 190 Amsterdam Avenue – New York, NY 10023

## Enrollment Agreement

- The undersigned agree to abide by the rules and policies of West End Synagogue Hebrew School.
- The undersigned hereby gives permission for pictures/identification of the student(s) to be used in advertisements, website, news coverage or publicity.
- Education is recognized as a cooperative undertaking, a joint responsibility of home, school, and synagogue community. The undersigned and each student agree to accept seriously their share of this responsibility as cooperative members of the school community.
- West End Synagogue reserves the right to terminate the enrollment of a student for academic or disciplinary reasons.

**Enclosed is a non-refundable registration deposit of \$100 per student (to be applied toward tuition). I will use the blue sheet entitled 'HEBREW SCHOOL TUITION & PAYMENT PLANS 2009-2010' to indicate my method of payment.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print your name \_\_\_\_\_

Date signed \_\_\_\_\_

## Tuition per student

	Members	Nonmembers
<b>Wednesdays (PreK-3rd grade)</b> <b>Tuesdays (4th - 7th grades)</b>	<b>\$1050</b>	<b>\$1250</b> <b>(K-2 only)</b>
<i>In addition to weekly classroom instruction, students in all grades are expected to attend regularly scheduled Shabbat, holiday, and other weekend family programming 2-3 times per month. Please see our calendar for specific dates and times.</i>		

Families requiring need based financial assistance should contact our Executive Director Lila Pahl (212579-0777 x220, lpahl@westendsynagogue.org) to discuss your needs in confidence.

## NEW STUDENT INFORMATION

Student first and last name: \_\_\_\_\_

First year at WES Hebrew school				
Date of Birth				
Age as of Sept. 2009				
Secular school				
Secular School grade as of Sept. 2009				
Student's Email				
Student's primary address				
Home phone				
Parent 1 Name (Last, First)				
Parent 1 Work phone				
Parent 1 Cell Phone				
Parent 1 Email				
Parent 2 Name (Last, First)				
Parent 2 Work phone				
Parent 2 Cell Phone				
Parent 2 Email				
Emergency Contact name & relationship				
Emergency Contact phone				
Will this student arrive alone?				
May this student walk home alone?				
Who may pick up this student?	Name		Name	
	Relationship		Relationship	
	Phone number		Phone number	
Allergies				
Doctor's Name				
Doctor's number				
Doctor's Address				
Hospital				
Insurance Carrier				
Policy holder				

Group # _____	
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### TUITION & PAYMENT PLANS

Please fill out the following worksheet (shaded boxes) including the name and grade of each child enrolling in the Hebrew School. Then, choose a payment option below. **A nonrefundable deposit of \$100.00/student** is required with these forms, **due by Monday, June 22**. Please be aware that the synagogue policy is that either tuition must be paid in full (or you have submitted either credit card information or post-dated checks) by Wednesday, Sept. 9, in order to enroll in Hebrew school.

Parent 1:		MEMBERS			NON-MEMBERS	TOTAL
Parent 2:		TUE Gr. 4-7	WED Gr. K-3	WED Gr. K-3		
1	Child 1: Grade:	Tuition:	\$1050	\$1050	\$1250	\$
2	Child 2: Grade:	Tuition:	\$1050	\$1050	n/a	\$
3	Subtotal Tuition:		(add lines 1-2 above)			\$
4	Early Registration Discount:		(-\$50 per child before June 15)			\$
5	<b>Total Tuition:</b>		(add lines 4-5 above)			\$

**\*\*Important note: Checks are preferred. WES must pay a fee for credit card use.  
Please check one of the following payment options:**

<input type="checkbox"/> <b>Full Payment Option I am enclosing either a check or credit card information to pay the entire tuition payment now, including the deposit.</b> _____ Check enclosed. Amount \$ _____ (from line 6 above)  _____ Credit card (fill out box at bottom of the page) Amount: _____
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**Installments Payment Option: \$100/student nonrefundable deposit now with tuition payment in installments.**  
 (Either 2 installments - July 1 & Dec. 1, or 6 installments, July 1, Aug. 1, Sept. 1, Oct. 1, Nov. 1 & Dec. 1.)

a	TUITION	Total tuition (amount from line 6 above)	\$
b	DEPOSIT	_____ (# of students enrolling) x \$100.00 =	\$
c	BALANCE	Subtract line b from line a. This is the remaining tuition that you owe.	\$
d	#INSTALLMENTS	Enter number of installments: 2 or 6	÷
e	PAYMENT	Amount of each installment (C÷D)	\$

Installment Agreement	
Two installments	Six installments
<input type="checkbox"/> I am enclosing three post-dated checks: Deposit today (amount from line b above), Sept. 1 & Dec. 1 (amount from line e). <input type="checkbox"/> I will pay by credit card. Please charge me my card for the deposit today (line b) and for payment (line e) on each of the following dates: July 1 & Dec. 1.	<input type="checkbox"/> I am enclosing seven post-dated checks: Deposit today (line b), Sept. 1, Oct. 1, Nov. 1 & Dec. 1 (each for amount from line e). <input type="checkbox"/> I will pay by credit card. Please charge me my card for the deposit today (line b) and my payment (from line e above) on each of the following dates: July 1, Aug. 1, Sept. 1, Oct. 1, Nov. 1 & Dec. 1.

\_\_\_\_\_ MC \_\_\_\_\_ Visa \_\_\_\_\_ Amex Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Code \_\_\_\_\_ (4 digits on front of Amex, 3 digits on back of VISA or Mastercard)

Billing Address \_\_\_\_\_  
 (as it appears on your bill)

Signature \_\_\_\_\_

## Field Trip Information

I hereby give permission to my child(ren) \_\_\_\_\_, to attend trips out of school. I understand that I will be notified in advance of scheduled trips that involve transportation (other than neighborhood walking trips).

Signature of Parent or guardian \_\_\_\_\_

Date signed \_\_\_\_\_

In the event I or any of my designees cannot be reached in an emergency (when my child is off school grounds), I hereby give permission to the physician selected by West End Synagogue Hebrew School or its agents to provide emergency medical care for my child. I agree to indemnify and hold harmless the School from any and all liability arising out of an accident as a result of school excursions, except if such accident is caused by negligence of the school or school's employees.

Signature of Parent or guardian \_\_\_\_\_

Date signed \_\_\_\_\_

## Attendance Policy

Students must make every effort to attend school programs, both on weekdays and on weekends. Excessive absences cause the student to fall behind in class work and limit his/her involvement, participation and satisfaction in our synagogue and school community.

The family of a student who is absent often will be called into conference with the Education Director. If the situation persists, the student will be asked to leave, either immediately or at the end of the school year. The decision regarding continued participation is the Education Director's. Illness or other serious mitigating circumstances will be taken into consideration before a decision is made.

Shabbat, holiday and other weekend programming is an expected part of our Hebrew school program.

Signature of Parent or guardian \_\_\_\_\_

Date signed \_\_\_\_\_

## Legal custodial arrangements

Please advise us immediately of any legal custodial orders or arrangements affecting who may pick up your child. (If none, please so specify below). If so, we may contact you for additional information, if necessary.

**Please include a copy of legal custodial arrangements (including duration).**

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**STUDENT PROFILE (to be completed by a parent; one per student)**

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Student's Name  
(first and last)

# years at West End Hebrew School  
(before Sept. 2009)

Public/Secular School  
Grade (Sept. 2009)

***Your responses to the following questions will be extremely helpful to us in making proper educational decisions for your child. All information will be held in confidence. Feel free to attach a separate sheet if necessary.***

Do you speak a language other than English at home? If so, please explain.

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**Jewish Education:**

Has your child received any previous Jewish education at another school? If so, please explain.

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**Learning Styles:**

Tell us any specific information you would like us to know about the way your child learns.

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Please share with us any information that will help to enhance your child's educational experience.

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Please describe some areas that your child finds challenging.

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Does your child have any reading, language or attention difficulties that might affect his/her participation in or enjoyment of the religious school?

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Please describe any special services, if any, your child receives in secular school or outside secular school.

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