

Religious School Application, 2009-2010
Chapel Hill Kehillah, 1200 Mason Farm Rd., 27514

Child/ren's Last Name _____
 1st Parent's Name _____ 2nd Parent's Name _____
 Address _____ Address _____
 City _____ Zip _____ City _____ Zip _____
 Home Phone _____ Home Phone _____
 Work Phone _____ Work Phone _____
 Cell Phone _____ Cell Phone _____
 Email _____ Email _____

Which parent (or other caregiver) is generally responsible for picking up your child/ren?
 Sunday _____ Phone (if different) _____
 Wednesday _____ Phone (if different) _____

Information will be sent to parents via email or regular mail. If you have more than one email account or street address, where do you want information sent?

Email sent to: 1st parent ____ 2nd parent ____ Both ____
 Regular mail sent to: 1st parent ____ 2nd parent ____ Both ____

Tuition Fees

For children in 2nd grade and below:
 Application postmarked by May 6: \$360 x ____ # of children enrolling = _____
 Application postmarked by June 15: \$385 x ____ # of children enrolling = _____
 Application postmarked after June 15: \$410 x ____ # of children enrolling = _____

For children in 3rd -5th grades:
 Application postmarked by May 6: \$385 x ____ # of children enrolling = _____
 Application postmarked by June 15: \$410 x ____ # of children enrolling = _____
 Application postmarked after June 15: \$435 x ____ # of children enrolling = _____

For children in 6th and 7th grades (this includes B'nei Mitzvah fee & Facilities fees):
 Application postmarked by May 6: \$585 x ____ # of children enrolling = _____
 Application postmarked by June 15: \$610 x ____ # of children enrolling = _____
 Application postmarked after June 15: \$635 x ____ # of children enrolling = _____

I am adding a donation to support the religious school library and craft supplies = _____
 Total # of children attending ____ Total due = _____

Emergency Contacts (Other than child's parents)

1. Name _____ Phone _____
Relationship _____

2. Name _____ Phone _____
Relationship _____

Parent Information-

Please fill out the section below if your child is new to the school, if something has changed in the last year, and/or if you have some concerns about religious education:

No changes from last year. Please initial here _____. Thank you!

What is the religious orientation of the first parent?

What is the Jewish education background of the first parent?

What is the religious orientation of the second parent?

What is the Jewish education background of the second parent?

What Jewish rituals does your family currently practice at home?

Do you have any religious concerns about enrolling your child/ren in Religious School?

Other comments, concerns, and/or questions:

Names of children **not** enrolling _____ Birth Date _____

Birth Date _____ Birth Date _____

Name of 1st (oldest) child enrolling _____

Birth Date _____ Hebrew Name _____

Secular School _____ Grade for 2009-10 _____

If your child is new to the school, please describe his/her past religious experiences:

Medical Information:

Physician's Name _____ Phone _____

Current medical diagnoses/conditions _____

Medications _____

Allergies _____

We want to provide an appropriate learning environment for all our students, and we are committed to working with you for the benefit of your child and his/her Jewish education. Please offer any information about your child that might affect classroom learning or behavior (i.e. ADHD, learning difficulties, dyslexia).

Name of 2nd child enrolling _____

Birth Date _____ Hebrew Name _____

Secular School _____ Grade for 2009-10 _____

If your child is new to the school, please describe his/her past religious experiences:

Medical Information:

Physician's Name _____ Phone _____

Current medical diagnoses/conditions _____

Medications _____

Allergies _____

Additional information about your child that might affect classroom learning or behavior:

Name of 3rd child enrolling _____

Birth Date _____ Hebrew Name _____

Secular School _____ Grade for 2009-10 _____

If your child is new to the school, please describe his/her past religious experiences:

Medical Information:

Physician's Name _____ Phone _____

Current medical diagnoses/conditions _____

Medications _____

Allergies _____

Additional information about your child that might affect classroom learning or behavior:

Name of 4th child enrolling _____

Birth Date _____ Hebrew Name _____

Secular School _____ Grade for 2009-10 _____

If your child is new to the school, please describe his/her past religious experiences:

Medical Information:

Physician's Name _____ Phone _____

Current medical diagnoses/conditions _____

Medications _____

Allergies _____

Additional information about your child that might affect classroom learning or behavior:

Parent Participation

The religious school counts on parent participation and support to help make our school a wonderful place. Please select **one holiday/celebration** from this page and **one volunteer assignment** from the following page. Please feel free to contact me at relscool@chkehillah.org or 919-942-5817 if you have any questions about the volunteer opportunities. Your support of the school and its programs is greatly appreciated. Todah rabah!

Holidays and Celebrations

I would like to bring food and assist in set-up and clean-up for the following holiday events:
Please indicate your top three choices. Thank you!

- | | |
|---|---|
| <input type="checkbox"/> Welcome Picnic
<i>Sunday, Aug. 30</i> | <input type="checkbox"/> Tu B'shvat Seders
<i>Sunday, January 31</i> |
| <input type="checkbox"/> Rosh Hashanah 1 st Day Kiddush
<i>Saturday, September 19</i> | <input type="checkbox"/> Shabbat B'Yachad
<i>Saturday, February 6 (tentative)</i> |
| <input type="checkbox"/> Sukkot Celebration
<i>Sunday, October 4</i> | <input type="checkbox"/> Religious School Purim Celebration
<i>Sunday, March 7</i> |
| <input type="checkbox"/> Simchat Torah Celebration
<i>Sunday, October 11</i> | <input type="checkbox"/> Passover Model Seders
<i>Sunday, March 21</i> |
| <input type="checkbox"/> Shabbat B'Yachad
<i>Saturday, November 8</i> | <input type="checkbox"/> Last Day of School Picnic
<i>Sunday, May 2</i> |
| <input type="checkbox"/> Hanukah Party
<i>Sunday, December 13</i> | |

Please let me know what you need; I am flexible _____

Volunteer Activities

Your support and participation are essential to the success of the Religious School. Please choose a volunteer activity listed below.

I am interested in the following volunteer activities. Please indicate your top three choices:
Thank you!

- Teaching
- Assisting
- Leading Sunday Tefillah
- Assisting Sunday Tefillah
- Substitute Teaching (3 times during the year)
- Substitute Assisting (3 times during the year)
- Assisting in the Office
- Religious School Committee (meets once a month in the evenings)
- Storytelling
- Teacher Training
- Working the Bagel Shop (scheduled by the month)
- Running the Gift Shop on Sunday Mornings (scheduled by the month)
- Coordinating Bagel Shop/Gift Shop volunteers
- Other (please contact the school director)

Please indicate any volunteer concerns or limitations that you have:

Emergency Information: In case of minor illness or injury of my child/ren at school, I give the school staff permission to give basic first aid to my child. In case of major injury or illness, I understand that staff will make every effort to contact me. If they are unable to do so, I give permission for my child's physician and/or an ambulance to be contacted and for a physician to hospitalize and/or secure proper treatment for my child.

Parent's Signature _____ Date _____

Attendance: Given the nature of class work and learning, I recognize the importance of regular attendance. I understand that if my child has more than five unexcused absences in a semester, s/he may be asked to leave the program. I also understand that students in third grade and up must attend Religious School on both Sundays and Wednesdays and that there is no Sunday-only option.

Parent's Signature _____ Date _____

Photographs: The Kehillah Religious School may photograph my child/ren during school hours and post the pictures (without names) in the synagogue and local Jewish newsletters. (If you do not give permission for photographs to be taken, please mark an "X" through this section and do not sign).

Parent's Signature _____ Date _____

Field Trips: My child/ren have permission to go on educational field trips sponsored by the Kehillah Religious School. I understand that I will be notified of these trips in advance. Children will travel by bus or private car and will be accompanied by staff and school parents. I release the Chapel Hill Kehillah from all responsibility during supervised activities.

Parent's Signature _____ Date _____

Membership: I understand that in order to send my child to religious school, I need to be a Kehillah member in good standing. I agree to pay my dues and building assessment for 2009-2010 when I receive the bill in July.

Parent's Signature _____ Date _____

Unacceptable Behavior: The Religious School aims to provide a comfortable and safe space for all students and staff. If my child exhibits aggressive behavior, consistently disrupts the class or makes disparaging remarks towards staff or other students, the teacher and/or director will set up a meeting with me. If this behavior continues, my child may be asked to leave the Religious School program. In cases of a child leaving the school due to unacceptable behavior, there will be no tuition reimbursement.

Parent's Signature _____ Date _____