

July 7, 2010

Dear Religious School Parents,

It is our pleasure to welcome you to a new year of Synagogue Emanu-El Religious School. We look forward to a full year of learning and growing together.

In this packet, you will find important information about this year's program. We are excited to offer the outstanding faculty and creative programming you've come to expect from our school. We do wish, however, to note two features:

- Our school continues in the process of applying for the Framework of Excellence distinction. This award, given by the United Synagogue of Conservative Judaism, recognizes the best Conservative religious schools in North America. Our application process has enabled us to sharpen our focus to make sure we are reaching the highest standards of the movement.
- The program focuses on enriching our students in six core areas. The areas are holidays and symbols, prayer and God, Jewish values, Hebrew, Jewish customs and practices, and Bible and history.

Each new feature means that we will provide new opportunities to be involved with your child's Jewish education, whether it involves attending a new family education event at Emanu-El, or discussing with your child the many ways the joy of being Jewish can be experienced at home.

All forms are due by August 1, 2010. Please send them to Synagogue Emanu-El at 5 Windsor Drive, Charleston, South Carolina, 29407, or email them to emanu-el@knology.net. Student and parent orientation is Sunday, August 29th, from 11:00am-12:30pm. At that time each grade's curriculum will be introduced by their classroom teachers. The first full Wednesday class will be held on September 1st from 4:15-6:15PM for third through seventh grade. The first full Sunday class will be held on Sunday, September 12th, from 9:30am-12:30pm for all classes. Complete calendars will be mailed to you upon receipt of your registration forms.

As always, we look forward to your feedback about the school, both inside the classroom and outside. Please do not hesitate to be in contact with either of us throughout the school year.

As we embark on a new year, may you be blessed with *shalom bayit* – a peaceful home – and may your child continue to feel at home here at Synagogue Emanu-El.

B'shalom,

Abby Levine
Abby Levine
Education Director

Adam J. Rosenbaum
Adam J. Rosenbaum
Rabbi



Synagogue Emanu-El Religious School Registration Form, 2010-11

We are thrilled that your child(ren) will be a part of our Religious School program. Please note that the form must be filled out once for each student enrolled. If you have any questions about using this form, contact Abby Levine at director@knology.net or 571-3264.

STUDENT INFORMATION

Last Name: _____ First Name: _____

Gender: _____ Birthdate: __/__/____ Age: _____

Address: _____

Hebrew Name: _____ Grade in secular/day school: _____

Name of school: _____

Does this student have an IEP (Individual Educational Plan)? _____

If yes, we ask that you send us a copy or attach a letter specifying the accommodations that we need to make in order to serve this student effectively. Please detail any physical, emotional or learning needs:

PARENT/GUARDIAN INFORMATION:

Mother's Name: _____ E-mail Address: _____

Telephone Numbers- Home: _____ Work: _____ Cell: _____

Does student reside at this address 50% or more of the time? _____

Names of step-parents, grandparents, or additional guardians, if any in the household:

Father's Name: _____ E-mail Address: _____

Telephone Numbers- Home: _____ Work: _____ Cell: _____

Does student reside at this address 50% or more of the time? _____

Names of step-parents, grandparents, or additional guardians, if any in the household:

MEDICAL INFORMATION:

Physician's Name / Name of Practice: _____ Telephone Number: _____

Insurance Company: _____ Plan/Group#: _____

Policy Number: _____

Know Medical or Food Allergies: _____

EMERGENCY CONTACT and RELEASE INFORMATION:

Alternate Emergency Contact information:

Should my child become ill and a parent/guardian cannot be reached, please notify one of the following people to pick up my child. If there should be a civil defense emergency or natural disaster, the following people are authorized to pick up my child.

Name: _____ Relationship to child: _____

Telephone Number(s): _____

Name: _____ Relationship to child: _____

Telephone Number(s): _____

RELEASE INFORMATION:

1. In the event of a medical emergency involving my child, I hereby authorize Synagogue Emanu-El to take necessary measures to have my child treated. It is understood that this will be done only after all reasonable efforts have been made to contact my physician and parent/legal guardian. Neither I, nor any other representative of our family, will sue, claim against, attack the property of, or prosecute Synagogue Emanu-El, it's directors, agents and employees, and all affiliated entities for loss of property, injury, harm, accident, illness, loss of limb or life, or other personal injury, incapacity, medical cost, expense, damage, claim, or liability howsoever caused, and regardless of whether caused directly or indirectly, by my child's acts or any acts, arising out of or in connection with their participation in Synagogue Emanu-El.

Signature: _____ Date: _____

2. My son/daughter may may not take Tylenol Advil while at Synagogue Emanu-El.

Signature: _____ Date: _____

- I give permission for my family's name, address, telephone and e-mail address to be included in a School Directory.

Signature: _____ Date: _____

- I give permission for a picture of my child to be used in the following manner: Synagogue Emanu-El webpage, local newspaper, Synagogue Emanu-El Scroll.

Signature: _____ Date: _____

STUDENT INFORMATION FORM

Student Name _____

Religious School Grade This Fall: _____

In order to assist us in providing the best placement and learning environment for your child, please answer each question completely. We will share this information with your child's teacher and the Special Education Consultant (if applicable); otherwise, it will be kept strictly confidential. We look forward to another school year and your responses will help to ensure that we get off to a great start.

PLEASE COMPLETE THIS FORM AND RETURN IT WITH YOUR REGISTRATION FORM.

1. Please describe any physical, learning, or behavioral needs that might affect your child's performance or adjustment in religious school.

2. Please list any medications that your child takes regularly.

3. Does your child continue his/her medication(s) on the weekend? Yes No

4. Does your child receive special services at his/her weekday school? Yes No
If yes, please describe:

5. Would you like your child's teacher to contact you at the beginning of the school year to discuss your child? Yes No

**SYNAGOGUE EMANU-EL RELIGIOUS SCHOOL
MEMBER FEE SCHEDULE 2010-11
(BOOKS & SNACK FEES INCLUDED)**

STUDENT NAME _____

Pre-K (Two Sundays a month 11:00-12:30 PM)

Tuition \$150.00 -Non Member \$250.00 _____

K-2 (Sundays Only 10:00-12:30PM)

Tuition \$545.00-Non Member \$1090.00 _____

3-7 Grades (Wednesdays & Sundays)

Tuition \$920.00-Non Member \$1840.00 _____

**Pre-Con (Post Bar/Bat Mitzvah-
7th & 8th Grade- Sundays Only)**

Tuition \$150.00-Non Member \$300.00 _____
See enclosed calendar dates

Confirmation (High School Grades 9th -10th)

Tuition \$150.00-Non Member \$300.00 _____
See enclosed calendar dates

Sibling Discount

\$25.00 after the first child _____

Security Fee

\$100.00 Per Family _____

TUITION TOTAL \$ _____

- If your child is having a Bar/Bat Mitzvah this calendar year, all membership and Religious School fees must be paid 60 days prior to the event.
- Your membership to Synagogue Emanu-El MUST BE in "good standing" in order to register for Religious School.
- Please mail all registration to Synagogue Emanu-El
5 Windsor Dr. Charleston, SC 29407

HELP WANTED!

Help make our school the best it can be! Please volunteer to be a part of your child's Jewish education and experiences at Synagogue Emanu-El. Check below those areas in which you would like to help. Please choose more than one.

_____ Bingo

_____ Parent Classroom Teacher

_____ Substitute Teaching

_____ High Holy Day Youth Program

_____ Sukkot

_____ Passover Seder

_____ Simchat Torah

_____ Chanukah

_____ Tu B'Shevat Seder

_____ Purim Carnival

_____ Education Committee

_____ Mitzvah Day Projects

Name of Parent(s)

Phone

E-Mail

Please return this completed card with your Religious School registration