



Rabbi **Ronald W. Kaplan**, D. Min.  
 Cantor **Inna Serebro-Litvak**  
 Alan D. Sobel, President

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May 2011  
*Iyar 5771*

Dear Parents:

Enclosed you will find the 5772 (2011/2012) Religious School Registration packet. Included in the packet are:

- School Registration/Information Form
- Payment Information
- Room Parent request form

For your convenience, this year's tuition includes books and materials. **Tuition is due in full by July 30, 2011.** Due to these difficult economic times we are giving families the option to pay Religious School tuition in one lump sum or spread out over several months. **After July 30, 2011, a late fee of \$300 per family will be applied.**

Please note, you must be a member in good standing in order for your child(ren) to attend school in September.

Please complete a separate registration form for each child.

Below is the class schedule for next year.

**Temple Beth Am Religious School  
Class Schedule 5772 – (2011-2012)**

<b>K-2</b>	<b>Sundays</b>	<b>10:00 am – 12:00 pm</b>
<b>3-6</b>	<b>Sundays</b> <b><u>AND</u> Thursdays</b>	<b>10:00am – 12:00 pm</b> <b>4:30 pm – 6:00 pm</b>
<b>7</b>	<b>Tuesdays</b>	<b>5:00 - 6:30 pm</b> <b>One Tuesday per month 5:00-8:00 pm for a special event</b> ***** <b>Confirmation Academy    Alternate Tuesdays 6:30 – 8:00 pm (Approx. 2 per month)</b> <b>One of the Tuesdays 5:00 - 8:00 pm for a special event</b>

If you know of a family who may be interested in enrolling their child(ren) in Religious School next year, but are not yet members of the synagogue, please let Education Director, Barrie Halpern know so she may be in contact with them.

(over)

If your child has an Individual Education Plan (IEP) or 504 Accommodation Plan in public school, your child may be eligible to receive services in our *Mercaz* (Learning Center.) Please contact Barrie Halpern to discuss the proper placement of your child.

At Temple Beth Am it is expected that your child entering grades 8–10 will enroll in Confirmation Academy. The program is instituting some exciting changes in addition to the already established contemporary (and sometimes controversial) subject matter the students discuss. Once a month, they will have the opportunity to experience different events and avenues of learning; e.g. visiting a nursing home, speakers, volunteering at a food pantry, etc.

### **IMPORTANT NOTICE TO PARENTS**

Please note: Temple Beth Am's policy is that a student must start Religious School in **Grade 3** in order to become a Bar/Bat Mitzvah by **age 13**. If a child has not been enrolled in Grades 3-7 for Religious School either at Temple Beth Am or elsewhere, Bar/Bat Mitzvah instruction and ceremonies will have to be delayed until this requirement has been fulfilled. If your child is entering 3<sup>rd</sup> grade in public/private secular school, please make sure you enroll him/her this year in Religious School. **This Temple Beth Am policy is strictly followed.**

Reminder: In order for your child to become a Bar/Bat Mitzvah he/she must be registered in Religious School at the time of the Bar/Bat Mitzvah.

We look forward to welcoming your child(ren) in September. If you have any questions or concerns, please feel free to contact Barrie Halpern.

B'Shalom,

Barrie Halpern  
Education Director  
973-887-0046, Ext. 12

Rhonda Jacoby  
Chair, Religious School Committee

**Temple Beth Am of Parsippany, NJ  
RELIGIOUS SCHOOL REGISTRATION FORM 5772 (2011-2012)**

**PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD**

Student's Full Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Student's Hebrew Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade entering in September 2011: \_\_\_\_\_

NEW STUDENT? Yes/No      Public/Private School attending: \_\_\_\_\_

**If new student:** Does your child have any previous formal Jewish Education? \_\_\_\_\_

Any Hebrew education? \_\_\_\_\_ How many years? \_\_\_\_\_ Where? \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Religious Background: \_\_\_\_\_

Address \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Cell Phone Provider: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Religious Background: \_\_\_\_\_

Address (if different) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Cell Phone Provider: \_\_\_\_\_

**EMERGENCY CONTACTS (other than parents PLEASE)**  
***We always attempt to contact parents first!***

Name	Phone	Relationship

**The following information will be kept confidential. It will allow us to better educate your child.**

List any allergies\_\_\_\_\_

List medications currently taken\_\_\_\_\_

Please explain any special circumstances in your family (e.g. birth, death, separation, restraining order, divorce, custody arrangements, etc.) If there is a change during the year, please keep us informed. \_\_\_\_\_

Does your child have any special abilities or learning or behavioral challenges? Does your child have an IEP (Individual Education Plan or 504 Accommodation Plan?) Please feel free to share a copy. \_\_\_\_\_

To enable us to provide the best classroom environment, please share information about your child's learning style. \_\_\_\_\_

Is your child receiving formal religious education in another faith? (Please specify)\_\_\_\_\_

Name, birth date and grade of all siblings not enrolled in Religious School: \_\_\_\_\_

Name of Physician:\_\_\_\_\_ Phone :\_\_\_\_\_

\_\_\_I give permission for Temple Beth Am to use my child's photo in the Temple Beth Am Alon, Web site, local newspaper releases and general Temple Beth Am publicity.

\_\_\_I **do not** give permission for Temple Beth Am to use my child's photo in the Temple Beth Am Alon, Web site, local newspaper releases and general Temple Beth Am publicity.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

I hereby give my consent to the Director of the Religious School, or person designated as such, to make available to my child professional emergency medical care if such care is indicated. It is understood that a conscientious effort will be made to notify my spouse or me before such action is taken. It is further understood that every effort will be made to contact my child's physician prior to any treatment. However, in the event this is not possible, I give my permission for my child to receive proper medical care by any doctor, nurse, ambulance personnel, paramedic, or member of the medical staff of a hospital licensed by the State of New Jersey.

This is to certify that my child is in good physical health. He/she has my permission to participate in all activities (including field trips) that are part of the regular Religious School program.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Temple Beth Am  
Religious School Payment Option Form**

Last Name \_\_\_\_\_ Student's name(s) \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

All registration materials including a \$50 deposit per student must be returned by June 15.

School Tuition can be paid by choosing one of the following (please check one option):

- 
- Option 1: Payment in full by July 30, 2011.
  - Option 2: Enclose 3 checks post-dated 5/30/11; 6/30/11, and 7/30/11.
  - Option 3: Pay on your own schedule as long as payment in full is made by July 30, 2011

**A late fee of \$300 per family will be applied if not paid in full by July 30, 2011**

\*\*\* Late fee does not apply to new families and children not yet enrolled in Religious School.

**All tuition costs include books/learning materials**

Grade	Tuition
Kindergarten – Second	\$600
Third, Fourth & Fifth Sixth & Seventh	\$855 \$840
Confirmation Academy (8 <sup>th</sup> – 10 <sup>th</sup> )	\$500
<b>Late Fee per family</b>	<b>\$300</b>

**Payment Schedule Worksheet**

Post-dated checks will be deposited on the 30<sup>th</sup> of each month. With this option, your Religious School tuition payments are spread evenly over three months.

Child's Name	Grade	Total Tuition	# of Payments	Monthly Amount
<b>Sample</b> Sarah	4	\$855	3	\$285
			3	
			3	
			3	
Family Total	xxx		xxx	

# CALLING ALL RELIGIOUS SCHOOL PARENTS ROOM PARENTS NEEDED!

We would like to start something new this year at Temple Beth Am Religious School: Room Parents. Just as there are in public schools, we would like to have two parents per grade to help with various activities and/or help get other parents involved more throughout the year. This is not a full time job, we are not asking for a lot of your time, but it would help our students tremendously if we had a core group of parent volunteers.

If you would like to help, please fill out the information below and return it with the registration information.

If you have any questions, please feel free to call or e-mail Rhonda at: 973-503-0757 or [mara425@verizon.net](mailto:mara425@verizon.net). Thank you.

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Name: \_\_\_\_\_

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

Email address \_\_\_\_\_

Name and grade of each student you wish to be considered for as a room parent:

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_