

June 2021
Tamuz 5781

Dear Parents/Guardians,

"The trip is never too hard, if you know you're going home." – The Chofetz Chayim

Temple Emanuel Sinai Religious School is thrilled to welcome you to our home! We are all very excited about the upcoming school year, and we are so happy that you will be part of our Religious School family.

We truly look forward to providing our students with a comprehensive Jewish education in a warm, positive environment. It is our goal to inspire each student to become active in our Reform synagogue community and to build a strong and positive sense of Jewish identity.

Enclosed you will find registration materials. To help provide your child the best Jewish education and learning experience possible, we are asking that you include all relevant information that will contribute to your child's success. While providing this information is optional, your responses to these prompts will enable the Religious School staff to better care for your child's individual needs. We want to make sure that we accommodate the needs of each of our students the best way that we can.

In order for the Religious School to plan adequately for next year, it would be extremely helpful if you could return the completed registration forms and deposit to the Temple office no later than **August 15, 2021**.

Our school registration and payment guidelines can be found in the handbook. If you have any questions concerning fees or if you are seeking financial aid, please contact Allan Shriber (Temple Emanuel Sinai Finance Chair) at allan@theshribers.com

Here is some important information to remember:

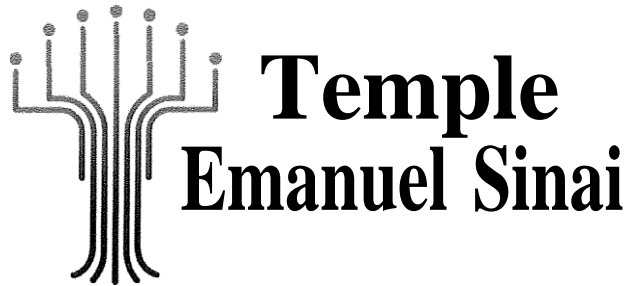
- The first day of school is Saturday, September 18
- Grades K-2 meet only on Saturdays from 9:00 am -12:00 pm
- Grades 3-7 meet on Saturdays from 9:00 am -12:00 pm and Wednesdays from 4:00 -6:00 pm
- Our school regularly convenes at the Worcester JGC on Saturdays, and at Temple Emanuel Sinai on Wednesdays, unless otherwise announced.

Please share our information regarding the Religious School with family and friends who may be interested in enrolling their children in our program. Feel free to contact me anytime at (508) 864-5790 or tmugg123@gmail.com to learn more about our Religious School or to schedule a meeting.

Kol Tuv ("all the best"),

Talia Mugg

Talia Mugg
Religious School Director



REGISTRATION FORM CHECKLIST

Please complete and return ALL forms, along with a \$50 per child non-refundable deposit (made payable to "Temple Emanuel Sinai"), by August 15th, to:

Temple Emanuel Sinai Religious School
661 Salisbury Street
Worcester, MA 01609

Form Checklist

- Enrollment Form# 1: Student Data Form
- Enrollment Form# 2: Student Information Form
- Enrollment Form# 3: Student Health Form
- Enrollment Form# 4: Carpool & Media Form
- Enrollment Form# 5: Payment Form
- Enrollment Form# 6: Automatic Payment Authorization Form
- Optional*: Scholarship Application

Questions?

For questions about the Religious School Program, contact:

Talia Mugg, Religious School Director
Phone: (508) 864-5790
Email: tmugg123@gmail.com

For questions about Religious School payments and administration, contact:

Sean Morgan, Business Manager Phone:
(508) 755-1257 x 104
Email: smorgan@emanuelsinai.org

Religious School Enrollment Form # 1



Student Data Form

Student Information

Last Name: _____ First Name: _____

Middle Name: _____ Goes by: _____

Hebrew Name (if known): _____

Date of Birth (Month/Day/Year): ____/____/____ As of September, 2021-Age: ____ Grade: ____

Parent/Guardian Information

Primary Parent/Guardian Name: _____

Address: _____

Relationship to Child: _____

Phone Numbers (Check the number we should call first)

- Cell
- Home
- Work

Second Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Phone Numbers (check which one we should call first):

Home:() _____ Work:() _____ Cell:() _____

Email: _____ Relationship to Child: _____

Siblings - Name(s) and birthdate of sibling(s) NOT attending Temple Emanuel Sinai Religious School:

Name: _____ Date of Birth: ____/____/____
Name: _____ Date of Birth: ____/____/____
Name: _____ Date of Birth: ____/____/____

Religious School Enrollment Form # 2



Student Information Form

Name of Secular School: _____

Town: _____ School Phone Number: _____

Any prior attendance in a program of Jewish education? If so, list below:

Institution/Program:	Dates Attended (Month/Day/Year):	
_____	___ / ___	to ___ / ___
_____	___ / ___	to ___ / ___

Any prior attendance in a Jewish day or residential camp? If so, list below:

Camp:	Dates Attended (Month/Day/Year):	
_____	___ / ___	to ___ / ___
_____	___ / ___	to ___ / ___

Is there any information about the student's life at home that could affect his/her attitude, performance or behavior? (e.g. divorce, recent illness or death in family, family religious differences, social concerns)

Is there any information about the student's social/emotional/behavioral or learning needs/experiences that could affect his/her attitude, performance or behavior?

Does your child receive any services or additional educational support? Yes No

If 7s, does your child have an IEP or 504? Yes No

Please describe any services your child receives:

At TES we feel it is important to consider that children will be most engaged in their learning with similar accommodations and supports in a religious school setting as well. We invite you to share any reports with us and hope that you will meet with the religious school director and teacher to discuss your child's needs.

Please have the religious school director contact me to discuss my child's needs further.

Religious School Enrollment Form # 3



Student Health Form

Name of Student's Primary Care Physician: _____

Address: _____

Phone: () _____

Medical Insurance Provider: _____ Policy Number: _____

List any physical or medical issues (e.g. food allergies, dietary restrictions, special diagnoses, etc.) of which you would like the school to be aware:

List any medications the student is taking - name of medication, dosage, delivery time, etc.:

Emergency Contacts

In the event that parent(s)/guardian(s) cannot be reached:

1. Name: _____ Phone: () _____ Relationship: _____

2. Name: _____ Phone: () _____ Relationship: _____

**Please let these emergency contacts know you have given us their names.*

Medical Release

"In the event I cannot be reached in an emergency, I hereby authorize the physician selected by Temple Emanuel Sinai and the Temple Emanuel Sinai Religious School to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my children."

Primary Parent/Guardian Signature: _____ Date: __/__/____

"My child may be administered the over-the-counter medications I checked below during religious school in the event that they experience any of the following during school hours: headache, burns, earache, muscle aches, or pain. If I did not check it off, it cannot be administered to my child."

Advil D Motrin Tylenol No medications may be given to my child

Primary Parent/Guardian Signature: _____ Date: __/__/____

Carpool & Media Form

Carpool

Please list designated person(s) with whom your child(ren) may go home and/or drivers for your child(ren), their relationship to them and their contact numbers:

- | | | |
|----------------|-----------------|---------------------|
| 1. Name: _____ | Phone:(_) _____ | Relationship: _____ |
| 2. Name: _____ | Phone:(_) _____ | Relationship: _____ |
| 3. Name: _____ | Phone:(_) _____ | Relationship: _____ |
| 4. Name: _____ | Phone:(_) _____ | Relationship: _____ |

NOTE: If someone not on this list will be transporting your child, please let us know in advance.

Names of students in your child(ren)'s carpool:

Media Release

"I give permission for photos and/or videos of my child to be used in print and/or electronically, without their names, in order to promote Temple Emanuel Sinai and Temple Emanuel Sinai Religious School."

Yes No

Primary Parent/Guardian Signature: _____ Date: __/__/__



Payment Form

A \$50 per child non-refundable deposit, which will be applied to your child's tuition, must be received no later than August 15, 2021. The remaining tuition may be remitted in one payment or three equal payments. Please refer to to the table below for tuition amounts and payment schedule.

		Grades K, 1, 2	Grades 3 and above
Non-refundable Deposit per child	Due at time of registration	\$50	\$50
If you choose to pay the remaining tuition as 1 payment (in full)	Due no later than September 1 st	\$575	\$800
If you choose to pay the remaining tuition in 3 installments	Installment 1 - due September 1 st	\$175	\$250
	Installment 2 - due November 1 st	\$175	\$250
	Installment 3- due January 1 st	\$175	\$250
	Total Tuition per child	\$575	\$800

All children deserve a Jewish education, and TES is your partner in making that happen. Families seeking financial assistance should contact Allan Shriber at allan@theshribers.com.

Registration Payment Information

Parent(s) Name(s): _____

1	# of Students K, 1, 2	X \$50 (deposit)	=
2	# of Students K, 1, 2	X \$525 (remaining tuition)	=
3	Total Tuition K, 1, 2 (add lines 1 & 2 above)		

4	# of Students 3 - 7	X \$50 (deposit)	=
5	# of Students 3 - 7	X \$750 (remaining tuition)	=
6	Total Tuition 3 - 7 (add lines 4 & 5 above)		

Total Tuition (add lines 3 & 6 above) = \$ _____			

Please select a one-time payment or three installment payments:

- one-time three installments

Please select your method of payment:

- Check-** made payable to Temple Emanuel Sinai (only accepted if paying in full)
- ACH Debit** (Temple initiated withdrawal from a designated bank account) - To pay by ACH Debit, PLEASE COMPLETE the ACH AUTHORIZATION section on the AUTOMATIC PAYMENT AUTHORIZATION FORM. Then, WE WILL DEBIT THE DEPOSIT AND PAYMENTS according to the schedule selected above. *This is the most budget friendly choice for the temple - we appreciate you choosing this option!*
- Credit Card** - To pay by Credit Card, PLEASE COMPLETE the CREDIT CARD AUTHORIZATION section of the AUTOMATIC PAYMENT AUTHORIZATION FORM. Then, WE WILL CHARGE THE DEPOSIT AND PAYMENTS according to the schedule selected above, plus a \$2 installment charge for each credit card transaction.

Automatic Payment Authorization Form

If you have any questions, contact Scott Morgan at smorgan@emanuelsinai.org or (508) 755-1257 x104

ACH Authorization

I/we hereby authorize Temple Emanuel Sinai to initiate entries to my/our checking/savings account at the financial institution listed below and, if necessary, initiate adjustments for any transactions credited or debited in error. This authority will remain in effect until Temple Emanuel Sinai is notified by me/us in writing to cancel it in such time as to afford Temple Emanuel Sinai and your financial institutions a reasonable opportunity to act on it.

I authorize Temple Emanuel Sinai to debit the deposit and subsequent payments for the payment of Temple Emanuel Sinai Religious School tuition per the schedule selected and amounts calculated on the prior page.

Name (please print): _____

Signature: _____ Date: _____

Name of financial institution: _____

Financial Institution Routing Number: _____ Checking/Savings

Account Number: _____

OR _____

Credit Card Authorization

If you are paying by credit card, please complete the following and we will charge the deposit and subsequent payments (as selected on the prior page), plus a \$2 installment charge for each credit card transaction.

Name as it appears on Credit Card: _____

Account Number: _____

Exp. Date: ____/____ Security Code: _____

I authorize Temple Emanuel Sinai to make charges to my credit card for the payment of Temple Emanuel Sinai Religious School tuition per the schedule selected and amounts calculated on the prior page. The card indicated above is in my name and I am authorized to make charges against it.

Name (please print): _____

Signature: _____ Date: _____



Scholarship Application

If you have any questions, contact Sean Morgan at smorgan@emanuelsinai.org or (508) 755-1257 x104

Through the generosity of the Jewish Federation of Central Mass and Temple Emanuel Sinai Brotherhood, scholarship funds are available to help families in financial need defray religious school tuition costs. These funds are available only to those students whose families are members in good standing.

The application deadline is September 1st. Please submit only one form per family.

Primary Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Phone Numbers (check which one we should call first):

Home: (____) _____ Work: (____) _____ Cell: (____) _____

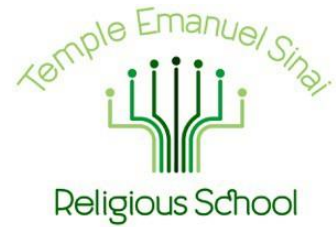
Email: - - - - - Relationship to Child(ren): _____

List ALL Students for whom you are request Scholarship Assistance:

(Include their name, and their religious school grade in the fall)

Total Amount of Scholarship Requested: \$ _____

Reason for the Request:



RELIGIOUS SCHOOL SCHEDULE

Saturdays at the JCC (2021-2022)

FIRST DAY OF SCHOOL, 9/18, AT THE

TEMPLE 9/18(TES), 9/25

10/16, 10/23, 10/30

11/6, 11/13, 11/20

12/4, 12/11, 12/18

1/8, 1/22, 1/29

2/5, 2/12

3/5, 3/12, 3/19, 3/26

4/2, 4/9, 4/30

5/7

Wednesdays at TES

9/22, 9/29

10/6, 10/13, 10/20, 10/27

11/3, 11/10, 11/17

12/1, 12/8, 12/15

1/5, 1/12, 1/19, 1/26

2/2, 2/9, 2/16

3/2, 3/9, 3/23, 3/30

4/6, 4/13, 4/27

5/4