July 2025
Tamuz - Av 5785

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, 2025**.

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 Committee) at allan@theshribers.com.

Here are some important information to remember:

- The first day of school is Saturday, September 20th
- 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 JCC 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
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:
Jade Le'Jeune, Temple Administrator
Phone: (508) 755-1257 x 104
Email: jlejeune@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 2025 – Age: _____ Grade: _____

Parent/Guardian Information

Primary Parent/Guardian Name: _____

Address: _____

City/State/Zip:_____

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

☐ Home: _____ ☐ Work: _____ ☐ Cell: _____

Email: _____ Relationship to Child: _____

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 birth date 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

Temple Emanuel Sinai

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/Year):		
_____	_____	to	_____
_____	_____	to	_____

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

Camp:	Dates Attended (Month/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 yes, does your child have and 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

Temple Emanuel Sinai

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 ☐ Motrin ☐ Tylenol ☐ No medications may be given to my child

Primary Parent/Guardian Signature: _____ Date: _____

Religious School Enrollment Form # 4

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: _____

Religious School Enrollment Form # 5

Payment Form

A **$50 per child non-refundable deposit**, which will be applied to your child/children's tuition, must be received at the time of registration. **Please submit registration forms and deposit no later than August 15, 2025**.

The remaining tuition may be remitted in one payment **or** three equal installments by ACH, check, or credit card. Please refer to the table below for tuition amounts and payment schedule options.

		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 1st	$575	$850
If you choose to pay the remaining tuition in 3 installments	Installment 1 – due September 1st Installment 2 – due November 1st Installment 3 – due January 1st	$208.33 $208.33 $208.34	$283.33 $283.33 $283.34
	Total Tuition per child	**$625**	**$900**

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, TES Finance Committee.

Registration Payment Information

Parent(s) Name(s): _____

1	# of Students K, 1, 2 _____ X $50 (deposit)	=
2	# of Students K, 1, 2 _____ X $575 (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 $850 (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.

Religious School Enrollment Form # 6

Automatic Payment Authorization Form

If you have any questions, contact Jade Le'Jeune at jlejeune@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: ____________

Religious School Enrollment Form # 7

Scholarship Application

If you have any questions, contact Jade Le'Jeune at jlejeune@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:

_____

_____

_____

_____

_____

_____

Temple Emanuel Sinai

22025/2026 Religious School Special Events

Congregational Social Event - **September 7** (Time TBD)

First day of School - **September 20** (9am-12pm)

Shabbat Service led by grades 6th/7th - **November 14** (6:30pm; Preneg @ 5:45pm)

Shabbat Service led by grades 3rd/4th/5th - **December 5** (6:30pm; Preneg @ 5:45pm)

Hanukkah Dinner/Program - **December 14** (5:00-7:00pm)

Family Education (Grades K-2) - **January 24** (9:45am-12:00pm)

PurimSpiel and Carnival - **February 28** (11am-2pm)

Family Education (Grades 3-4) - **March 14** (9:45am-12:00pm)

Family Education (Grade 5) - **March 21** (9:45am-12:00pm)

Shabbat Pesach Seder - **April 3** (6:30pm)

Family Education (Grades 6/7) - **April 11** (9:45am-12:00pm)

TES's B'Mitzvah Anniversary Celebration - **May 1*-3, 2026**
*Grades K-2 participating in Shabbat Service **May 1** (more details to come for RS families

Temple Emanuel Sinai

22025/2026 TOT Special Events

Tot Shabbat - Friday, September 12 (5:15-5:45pm)

Tot Sukkot Party - Sunday, October 5 (11:00am)

Tot Shabbat - Friday, November 7 (5:15-5:45pm)

Tot Shabbat - Friday, January 23 (5:15-5:45pm)

Tot Tu B'Shvat "Tree Time" - Sunday, February 1 (11:00am)

Tot Shabbat - Friday, March 13 (5:15-5:45pm)

Tot Passover "Leaving Egypt" - Sunday, March 24 (11:00am)

Temple Emanuel Sinai

22025/2026 (5786) Jewish Holidays

Rosh Hashana Eve - September 22, 2025

Rosh Hashana - September 23-24, 2025

Yom Kippur Eve - October 1, 2025

Yom Kippur - October 2, 2025

Sukkot Eve - October 6, 2025

Sukkot - October 7-13, 2025

Shmini Atzeret/Simchat Torah - October 14, 2025

Hanukkah - December 15-December 22, 2025

Purim - March 22-3, 2026

Passover - April 2-8, 2026

Shavuot - May 21-22, 2026

Tish'a B'Av - July 22-23, 2026