

The mission of the educational program at Temple Kehillat Chaim is to foster the development and continuous growth of Jewish identity. The foundation of our program includes knowledge and appreciation of liturgy, history, ritual, ethics, Hebrew spirituality, Israel and faith in God.



Mitzner Family Religious School

Registration Information

2010 – 2011

The Mitzner Family Religious School of Temple Kehillat Chaim is a Sunday-only Judaics and Hebrew program that meets during the school year. Kindergarten, first and second grade classes operate on a shift schedule; third through seventh grade students are in school from 8:45am – 12:30pm.

The first day of Religious School is **Sunday, August 29th.**

Kindergarten – Second Grades: Kindergarten and 1st grade will meet in Shift B, which begins at 10:50am. Due to the increased number of 2nd grade students, 2 shifts of classes will be offered. Parents may choose to have their student attend either **Shift A 8:45am – 10:15am** or **Shift B 10:50am – 12:25pm.** Shift requests will be taken into consideration and priority will be given in the order registration forms are received. Kindergarten students must be 5 by September 1, 2010 **and** be registered to start Kindergarten in secular school.

Third – Seventh Grades: These students will attend Religious School from **8:45am – 12:30pm.** Our Religious School program includes 1½ hours of Hebrew, 1½ hours of Judaica, Tefillah and enrichment activities. Between Hebrew and Judaica classes, all students attend Tefillah, followed by snack time in the Social Hall.

Prospective members wishing to secure placement for their child(ren) must fill out all Synagogue membership application forms and Religious School registration forms and attach a non-refundable membership deposit of \$100.00. This is in addition to the required \$50.00 Religious School deposit. You will be billed July 1 for membership and Religious School fees.

Emergency Information Card: Please fill out one form **per family** and return with your registration. Be sure to include your email address, since most Religious School information will be communicated this way.

Volunteer Form: Please complete one form **per family** and return it with your registration.

Special Information Form: Please complete one form **per child**, as needed, to make us aware of any special requirements your child may have. If your child has an IEP in his/her weekday school program, that information is also critical to his/her instruction here at TKC.

Please fill out all forms and return them along with your deposit by July 15th.

Please contact us at 770-641-8630 or religiousschool@kehillatchaim.org if you have questions.

**Temple Kehillat Chaim
Mitzner Family Religious School Registration
2010-2011**

Parents' names: _____

Parent's address _____

Phone number (Home): _____

Phone Number (cell): _____

Email Address: _____

(Parent 1)

(Parent 2)

*In cases where parents are living separately, please provide contact information for both parents.

GRADE

TIME

FEES

TOTAL

K	_____	10:50 – 12:30 p.m.	\$435	
				\$_____A
Child's name: _____ Birth date: _____				

1	_____	10:50 – 12:30 p.m.	\$435	
				\$_____B
Child's name: _____ Birth date: _____				

Check your first choice:				
2	_____	8:45 – 10:20 a.m.		
		or	\$435	
	_____	10:50 – 12:30 p.m.		
(Choose one shift only)				
				\$_____C
Child's name: _____ Birth date: _____				



GRADE	TIME	FEES	TOTAL
3 _____	8:45 – 12:30 p.m.	\$780	_____ D
Child's name: _____	Birth date: _____		
4 _____	8:45 – 12:30 p.m.	\$780	\$_____ E
Child's name: _____	Birth date: _____		
5 _____	8:45 – 12:30 p.m.	\$780	\$_____ F
Child's name: _____	Birth date: _____		
6 _____	8:45 – 12:30 p.m.	\$780	\$_____ G
Child's name: _____	Birth date: _____		
7 _____	8:45 – 12:30 p.m.	\$780	\$_____ H
Child's name: _____	Birth date: _____		

ADD together amounts A through H and enter total fees here: **Total:** \$ _____

SUBTRACT Non-Refundable Deposit (\$50/student) \$ _____

Total LESS Deposit: \$ _____

Choose Payment Option 1 or 2 (circle one)

Option 1: Pay balance in full by August 15

Option 2: Pay balance in 8 installments by credit card (July 15th through February 15th)

To pay by credit card, please complete enclosed credit card authorization form.

Permission to allow child's picture to be used in a newspaper, Magazine, publicity brochure, or other print media? Yes _____ No _____

Permission to allow child's picture to be used on website or any other electronic media? Yes _____ No _____

Parent's signature _____

Temple Kehillat Chaim
Mitzner Family Religious School
Special Needs Information Form 2010-2011

Dear Parents,

Your child's religious education is important to us. If your child has an IEP or receives special assistance in secular school, we may need to adapt our curriculum to insure students your student's success. Please provide information on any special assistance your child may require. Any information provided will be kept strictly confidential.

Child's Name: _____ DOB: _____ Grade for Fall 2010: _____

My child has special needs in the following area(s):

Auditory deficits _____	Attention deficit disorder w/o hyperactivity _____
Visual deficits _____	Attention deficit disorder with hyperactivity _____
Physical disabilities _____	Behavioral disorders _____
Mild developmental disabilities _____	Severe health problems _____
Mild learning disabilities _____	Moderate to severe learning disabilities _____
Autism _____	Other: _____

Suggested strategies and modifications being used at home or in regular school (use back of page if needed):

Does your child take any medication? If so, what? _____

Any contacts who may be helpful? _____ Phone _____

I, _____ give permission for the Special Needs Coordinator to speak with the above listed contacts. Parent Signature _____

Parents' Names _____
(Please print)

Phone Numbers (Home) _____ (Cell) _____ (Work) _____

Email Address _____

Thank you for your help as we work together for the benefit of your child.

Jeanette Oppenheimer
Temple Kehillat Chaim Special Needs Coordinator

Leigh Schwarzman
Assistant Coordinator

RELIGIOUS SCHOOL VOLUNTEER FORM 2010-2011

Volunteers are important to the success of our program. By volunteering, you are setting a great example for your children, and we appreciate your help! Our Religious School students benefit from parental involvement. We encourage all parents to sign up for at least one activity per child.

We thank you for helping to strengthen our school!

YOUR NAME _____

HOME PHONE _____

EMAIL _____

CHILD'S NAME _____ GRADE _____

CHILD'S NAME _____ GRADE _____

CHILD'S NAME _____ GRADE _____

CHILD'S NAME _____ GRADE _____

I. _____ RELIGIOUS SCHOOL COMMITTEE

You can have a voice in our Religious School policies. This is a great way to be part of the decision making for our Religious School. Meets on Sundays right after school, about every 6-8 weeks.

II. Special Event HELPERS & COORDINATORS

- _____ Ms. Chocolate Fundraiser Coordinator
- _____ Model Seder Coordinator
- _____ Model Seder Helper
- _____ Chanukah Celebration Coordinator
- _____ Teacher Appreciation Coordinator
- _____ Special Event Coordinator

III. _____ SUNDAY MORNING DESK HELP

Help staff the desk, count Tzedakah and answer phones on Sunday mornings.

IV. _____ ROOM PARENT

Make sure each volunteer list is filled per class assignment: coordinate phone call helpers, holiday/event helpers, family Shabbat Coordinators; assist teacher as needed.

V. _____ SUBSTITUTE TEACHING

We are always looking for parents willing to substitute for either Hebrew and/or Judaica classes.

**PLEASE RETURN THIS FORM TO THE RELIGIOUS SCHOOL ALONG
WITH YOUR REGISTRATION INFORMATION.**

2010-2011 Emergency Information Card

Child(ren)'s Last Name: _____

Child(ren)'s first name(s) and birthdates: _____

Home Phone: _____ (if parents live separately, please provide for both)

Parent 1 Name: _____ Parent 1 Cell Phone: _____

Parent 2 Name: _____ Parent 2 Cell Phone: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

Special Information (medications, health problems, allergies, etc.):

Temple Kehillat Chaim

Mitzner Family Religious School

Temple Kehillat Chaim
1145 Green Street, Roswell, Georgia 30075
770-641-8630 / Fax 770-641-8639

CREDIT CARD AUTHORIZATION FORM

The Undersigned hereby authorizes Temple Kehillat Chaim (“TKC”) to charge the credit card account listed below. The Undersigned represents and warrants to TKC that the account listed below is owned by the Undersigned. The Undersigned agrees that TKC’s charging of such account will be entitled to the same validity as if the Undersigned personally signed each charge transaction. The Undersigned acknowledges and agrees that any facsimile or photocopy of this document and the Undersigned’s signature shall be treated with the same validity as an original.

Credit card (circle one): Visa MasterCard American Express Discover

Credit card number: _____ Expiration date: _____

Name on credit card: _____

Address (must include zip code) _____

Religious School Fees to be charged (circle all that apply):

Deposit (\$50 per student, due w/ registration)

Balance in **full** (due by August 15th)

8 equal **payments** (due July 15th – February 15th)

Signature: _____

Date: _____

PLEASE NOTE: It is Temple policy that there are no refunds.

Please return this completed form to the office to the attention of our bookkeeper, Ellen Vann.

PLEASE PRINT LEGIBLY!