

Kane Street Synagogue Hebrew School Registration 2011-2012

SCHEDULE

Weekday classes plus Shabbat/Holiday service requirement*

Roshanim (pre-K) Wednesdays 4pm - 5:15pm
Gan (Kindergarten) Mondays 4pm - 6pm ... plus 8 Shabbat & Holiday services
Alef (grade 1) Wednesdays 4pm - 6pm ... plus 8 Shabbat & Holiday services
Bet (grade 2) Wednesdays 4pm - 6pm ... plus 12 Shabbat & Holiday services
Gimmel (grade 3) Mondays + Wednesdays 4pm - 6pm ... plus 12 Shabbat & Holiday services
Dalet, Hey, Vav (grades 4, 5, 6) Mondays + Wednesdays 4pm - 6pm ... plus 18 Shabbat & Holiday services
Miftan [Threshold] (grade 7) Tuesdays 4:30pm - 7:30pm (includes dinner) ... plus 22 Shabbat & Holiday services
Bogrim [Maturity] (grades 8-10) Tuesdays 6pm - 8pm (separate registration form)

* Shabbat/Holiday services attendance during the school year (Sept. to May) can be fulfilled at Kane Street Synagogue Family services on Saturdays and holidays, Saturday services in the main sanctuary, Friday services in the chapel, or at other synagogues.

Student Name:

Hebrew Name:

Birthdate: (month/day/year)

Name of secular school:

Grade in secular school:

Home address: (Street; Apt.,)

Zip Code:

Home telephone:

Child's Cell Phone, if applicable:

Names and birth dates of siblings who are not enrolled in Hebrew School:

Name: Birthdate: / /

Name: Birthdate: / /

Name: Birthdate: / /

My child may be photographed or video-taped for PR purposes. ___yes ___no

Allergies:

Medications taken regularly:

My child learns best in the following methods/situations:

(Check any that apply)

___ Quiet reading

___ Movement/active/athletic/dance

___ Listening

___ Repeating

___ Singing

___ Art projects

___ Science/mechanical methods

___ Other (please explain)

Parent/Guardian 1

Name: _____ Relationship to student: _____
Does s/he live with the student? ___yes ___no ___shared custody
If parent lives at different address, please give that address.

Email(s): _____
Cell phone: _____
Work phone: _____ Occupation: _____

Religious/Cultural identification (please check any that apply)

Conservative Reform
 Orthodox Secular/Cultural/Zionist
 Reconstructionist Not Jewish

Jewish Education Background (please check any that apply)

Attended Hebrew school Attended Jewish day school Attended Jewish summer camp

I have the following skills and interests:

| | |
|--|---|
| <input type="checkbox"/> graphic design | <input type="checkbox"/> library skills |
| <input type="checkbox"/> accounting | <input type="checkbox"/> story telling |
| <input type="checkbox"/> fundraising | <input type="checkbox"/> event-planning |
| <input type="checkbox"/> teaching | <input type="checkbox"/> media – journalism |
| <input type="checkbox"/> prayer skills (singing, chanting, Hebrew) | <input type="checkbox"/> media (tv/film) |
| <input type="checkbox"/> can chant Torah | <input type="checkbox"/> interest in volunteering |

Parent/Guardian 2

Name: _____ Relationship to student: _____
Does s/he live with the student? ___yes ___no ___shared custody
If parent lives at different address, please give that address.

Email(s): _____
Cell phone: _____
Work phone: _____ Occupation: _____

Religious/Cultural identification (please check any that apply)

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| <input type="checkbox"/> teaching | <input type="checkbox"/> media – journalism |
| <input type="checkbox"/> prayer skills (singing, chanting, Hebrew) | <input type="checkbox"/> media (tv/film) |
| <input type="checkbox"/> can chant Torah | <input type="checkbox"/> interest in volunteering |

In case of emergency during school hours please call in order (label 1, 2,3 in order of preference)

__Parent 1 on the following phone:

__Parent 2 on the following phone:

The following people

__Name/phone:

Relationship to student:

__Name/phone:

Relationship to student:

In the event of emergency, I hereby give my permission to Kane Street Synagogue Hebrew School, through its representatives, to authorize medical treatment under a physician's care, to hospitalize, to provide treatment, or anesthesia for my child in the event I cannot be reached.

I hereby give permission to the Hebrew School staff members to administer routine first aid (band aids, cold packs) to my child

_____signature of parent/guardian

Alef Class practices reading the alef-bet



Bet Class members working on vocabulary



7th graders planting trees at the Gowanus Canal for a mitzvah project



Gan children spinning like dreidels in music session



FEES AND LOGISTICS

We run **Mommy/Daddy Duck**, a program in which we arrange with a parent or caregiver to escort children from a public/private school to Hebrew School. We help the families make arrangements for that adult to meet all the children and travel together to Hebrew School. If a parent or their caregiver can be responsible all year long to escort those children, we grant that family \$100 off Hebrew School tuition.

If you are interested in being a Mommy or Daddy Duck or believe your child's caregiver can do so, please sign below and list the school or schools from which you can escort and the days you are available.

___ I'd like to be a Mommy/Daddy Duck on Monday/Wednesday (circle one) escorting children from _____ name of school.

If you would like to have your child met by a Mommy/Daddy Duck at their school, please list check here ____.

We will try our best to arrange a walking/travelling group with others from your child's school.

TUITION & SYNAGOGUE MEMBERSHIP

ALL families with a student in grade 1 and higher must be members of the synagogue. For more information about a membership application, membership privileges and dues and fees, please contact the Executive Director Linda Kass Mahler, at 718-875-1550 or office@kanestreet.org

NO CHILD IS TURNED AWAY FOR FINANCIAL REASONS. If you require financial assistance, please contact the Executive Director of the synagogue, Linda-Kass Mahler as soon as possible. She will guide you through the procedure. 718-875-1550 or office@kanestreet.org

TUITION includes books, supplies and snacks.

*\$200 Deposit with this registration form is due by June 15th.

At least 50% of tuition must be paid before the first class (September 12, 2011) for your child to attend. The remainder of tuition is due by November 15, 2011. If you have concerns about this requirement, please discuss making special payment arrangements with the Executive Director, Linda Kass Mahler BEFORE SCHOOL BEGINS – see above for contact information.

Roshanim (*pre-K*)

\$650 [synagogue member]

\$950 [non-member of Kane Street Synagogue]

Gan (*Kindergarten*)

\$800 [synagogue member]

\$1050 [non-member of Kane Street Synagogue]

Alef (*grade 1*) \$800

Bet (*grade 2*) \$800**

Gimmel (*grade 3*) \$1,160**

Dalet (*grade 4*) \$1,160**

Hey (*grade 5*) \$1,160

Vav (*grade 6*) \$1,160

Miftan (*grade 7*) \$1,000 (*includes dinner*) [plus trip fee TBD]

Bogrim (*grades 8-12*) \$630 [members] \$730 [non-members] (*includes dinner*)

*DEPOSIT IS DUE JUNE 15th So Rabbi Lieber can effectively anticipate class sizes and # of teachers. A \$50 surcharge will be added to all registrations/deposits that arrive after July 1st.

**We gladly welcome students with no previous Hebrew language education up to grade 4; however, in grades 2, 3 and 4 a \$400 charge will be added to your tuition to cover the cost of additional teaching staff needed to teach these new students in a separate Hebrew class to bring them up to the Hebrew level of their classmates.

Credit Card Payment Form

____ I would like to pay my fees by Mastercard or Visa

My Credit Card # _____

Expiration Date _____

My Full Name as it appears on the card _____

Amount to charge today _____

____ Please charge half the total tuition I owe, less this deposit, on September 9, 2011

____ Please charge the remainder of my Hebrew School balance on November 15, 2011