



Kane Street Synagogue
 236 Kane Street
 Brooklyn, NY 11231
 718-875-1550
www.kanestreet.org
vlieber@kanestreet.org

Hebrew School Registration 2009 – 2010

SCHEDULE

In addition to weekday classes, we require our students to participate in prayer services. Services that fulfill this requirement include our youth services held most Shabbat mornings during the school year; any Friday night service at Kane Street Synagogue; Shabbat morning or holiday services in our main sanctuary; or any Shabbat or holiday service that is comparable to ours at another synagogue.

Roshanim (age 3-4) alternate Wednesdays 4 PM – 5:15 PM

Gan (Kindergarten) Mondays 4 PM – 6PM **plus** 8 Shabbat and Holiday services per year

Alef (Grade 1) Wednesdays 4 PM – 6 PM **plus** 8 Shabbat and Holiday services per year

Bet (Grade 2) Wednesdays 4 PM – 6 PM **plus** 12 Shabbat and Holiday services per year

Gimmel (Grade 3) Mondays and Wednesdays 4 PM – 6PM **plus** 12 Shabbat and Holiday services per year

Dalet, Hey, Vav (Grades 4-6) Mondays and Wednesdays 4 PM – 6PM **plus** 18 Shabbat and Holiday services per year

Zayin (Grade 7) Mondays and Wednesdays 4 PM – 6 PM **plus** 22 Shabbat and Holiday services per year

Bogrim (Grades 8-11) Tuesdays 6PM – 8PM

STUDENT INFORMATION:

Name:

Hebrew Name:

___male or ___female

Birth date (please include year):

Grade in Secular School '09 – '10:

Name of School:

Address:

(street)

(apt.)

(city/zip)

Home Telephone:

Names and ages of siblings and step-siblings, with whom student lives:

1. Name:

Age:

3. Name:

Age:

2. Name:

Age:

4. Name:

Age:

If new to Kane Street Synagogue Hebrew School please describe any previous religious education:

Special interests or talents:

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

Disabilities if any:

Allergies if any:

Medications taken regularly:

PARENT or GUARDIAN INFORMATION:

Please fill in one box below for each parent, step-parent, or guardian (if necessary use back)

PARENT OR GUARDIAN 1

Name:	Relationship to student:
Does s/he live with the student? ___ yes ___ no	If no, give address:
Home phone if different from student:	Work phone:
Cell phone:	E-mail:
Occupation:	
Please include this parent on the list serve for weekly updates about Hebrew School and family programs ___yes ___no	
Please include this parent in emails regarding homework, class projects and class events ___yes ___no	

PARENT OR GUARDIAN 2

Name:	Relationship to student:
Does s/he live with the student? ___ yes ___ no	If no, give address:
Home phone if different from student:	Work phone:
Cell phone:	E-mail:
Occupation:	
Please include this parent on the list serve for weekly updates about Hebrew School and family programs ___yes ___no	
Please include this parent in emails regarding homework, class projects and class events ___yes ___no	

PARENT OR GUARDIAN 3, if necessary

Name:	Relationship to student:
Does s/he live with the student? ___ yes ___ no	If no, give address:
Home phone if different from student:	Work phone:
Cell phone:	E-mail:
Occupation:	
Please include this parent on the list serve for weekly updates about Hebrew School and family programs ___yes ___no	
Please include this parent in emails regarding homework, class projects and class events ___yes ___no	

PARENTAL VOLUNTEER OPPORTUNITIES

Please write your initials next to each that interests you

_____ I am interested in serving as a class parent

_____ I am interested in helping out for special events if I'm available

_____ I am interested in joining the school committee:

_____ I am interested in being a chaperone for trips if I'm available

I have the following skills and interests (please check those that apply)

_____ Graphic design

_____ Accounting

_____ Education degree/teaching or administrative experience

_____ Development/Fundraising

_____ Prayer leading ability (Hebrew, singing, etc.)

_____ Can chant Torah

_____ Play an instrument

_____ Story-Telling

_____ Drama experience

IN CASE OF EMERGENCY DURING SCHOOL HOURS PLEASE CALL

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

Name of Pediatrician: _____

Phone: _____

In the event of an 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 that I cannot be reached.

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

_____ signature of parent or guardian

_____ relationship

_____ date

FEES

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

**\$200 DEPOSIT PER CHILD PLUS REGISTRATION DUE June 1st, 2009
REMAINDER MUST BE PAID IN FULL BY SEPTEMBER 8th, 2009**

Registration is \$50 for the first child and \$25 for each additional child in Roshanim through Grade 7

Snack Fee (so we can provide healthy, nourishing, fresh snacks) Roshanim through Grade 7

Roshanim – Grade 2: \$10 per child

Grades 3 – 7: \$20 per child

Tuition

Roshanim \$400

Kindergarten \$670 for synagogue members; \$900 for non-members

Grades 1 and 2 \$670

Grades 4-7 \$995

Bogrim (Grades 8-11) \$500 (no registration or snack fee) (includes dinner weekly)

TOTALS:

Roshanim

\$400 + \$10 + registration (\$50 or \$25 – see above)

TOTAL \$460 for 1st child

\$435 for 2nd or 3rd child in the family

Kindergarten

synagogue members: \$670 + \$10 + registration (\$50 or \$25 – see above)

non-members: \$900 + \$10 + registration (\$50 or \$25 – see above)

TOTAL members: \$730 for 1st child; \$705 for 2nd or 3rd child in family

Non-members: \$960 for 1st child; \$935 for 2nd or 3rd child

Grades 1 and 2

\$670 + \$10 + registration (\$50 or \$25 – see above)

TOTAL \$730 for 1st child

\$705 for 2nd or 3rd child in family

Grades 3-7

\$995 + \$20 + registration (\$50 or \$25 – see above)

TOTAL \$1,065 for 1st child

\$1,040 for 2nd or 3rd child in family

Bogrim (Grades 8-11) \$500

PAYMENT ENCLOSED

Total due for 2009-2010 year _____

Deposit due 6/1 _____

Balance due 9/8 _____