



## Shaare Torah

PO Box 83598

Gaithersburg, MD 20883-3598

301-869-9842

[www.shaaretorah.org](http://www.shaaretorah.org)

Dear Parents,

We are very pleased that your child(ren) will be joining our Religious School for the 5772 (2011-2012) school year! Please take a few minutes to review the enclosed registration materials and to complete and return the application pages as soon as possible.

Having your registration in as early as possible will allow us to adequately plan for the coming year. Even if you are enrolling more than one child in the school, please complete individual applications for *each* child. You may mail registration forms to us (Shaare Torah; c/o Religious School Registration; 1409 Main Street, Gaithersburg, MD 20878) or place in the Religious School Admin mailbox in the Shaare Torah office.

As the planning for the next school year continues, we will send out additional communications with a detailed calendar for our programs. Also, please let us know if you are interested in carpooling.

Exciting things are happening at Shaare Torah Religious School and we look forward to sharing them with you. Final details will be sent out before school starts. If you have any questions, please feel free to contact us.

B'Shalom,

Kelli Kahalas  
VP--Education



## Shaare Torah Religious School Enrollment Policies 5772 (2011-2012)

- Shaare Torah payment form must be filled out completely for each family before enrollment will be processed.
- A 5% discount will be applied to tuition after the first child for families with two or more children enrolled. The discount is applied only to tuition and not to the application, book, and programming fee.
- In order to enroll each child of your family for the coming year, your family must be current in all fiscal responsibilities to Shaare Torah. These include dues, Religious School payments, building fund and any other commitments. Alternatively, satisfactory payment arrangements must have been agreed to with the Shaare Torah treasurer and adhered to. Applications for Religious School will be returned to families who are not current in all fiscal responsibilities or who have not made alternative arrangements with the treasurer.
- In order to enroll in grades Hay (5), Vav (6), and Zayin (7), your family must be current members of Shaare Torah. Non-Member families may send their children to grades Gan (K) through Daled (4) for the family's first year. After that, membership in Shaare Torah is required.
- Tuesday sessions will be for students in grades 6 and 7.
- Thursday sessions will be for students in grades 3, 4 and 5.
- If the student is withdrawn prior to August 15<sup>th</sup>, the school will refund \$150 of the deposit. No deposit refunds will be granted after August 15<sup>th</sup>.
- Shaare Torah will automatically bill all families with children enrolled in Religious School in 5772 (2011-2012) on July 1<sup>st</sup> for the application, book, and programming fee (for those who have not submitted a registration form with the deposit), and on August 1<sup>st</sup> for tuition. Tuition payments are due and payable as follows: 50% due by August 31, 2011 with the balance due by December 31, 2011.
- Students who leave school during the first semester will have the family's account credited for half of the *annual* tuition. Students who leave school after the beginning of second semester will have the family's account charged for the full school year. Special cases (e.g., parents are transferred out of the area) will be discussed on a case-by-case basis. For this purpose, the end of the first semester is in January.
- Shaare Torah and all persons acting with its permission, has the absolute right and unrestricted permission to obtain, use, copyright and/or publish via print, Web, or multimedia, photographic portraits or pictures of the all students, whether such pictures are still, moving, single or multiple, or in which the student is in whole or in part, in conjunction with the student's own name or another fictitious name.
- Enrollment preference is given to Shaare Torah members if classroom space is limited.

**Shaare Torah Religious School**  
**Meeting Times and Tuition Fees 2011-2012**

(Fees Subject to Approval at the Annual Meeting in June)

<b>Grade</b>	<b>Meeting Times</b>	<b>Tuition Amount</b>	<b>Type of Tuition</b>
<b>K-1<sup>st</sup></b>	Sun. 8:30-10:30	\$550	Members
		\$900	Non-members
		\$300	Registration and activity fee
<b>2nd</b>	Sun. 10:00- 1:00	\$850	Members
		\$1,410	Non-members
		\$300	Registration and activity fee
<b>3rd-5th</b>	Sun. 10:00- 1:00 Thurs. 4:15- 6:15	\$1,240	Members
		\$2,050	Non-members
		\$300	Registration and activity fee
<b>6th-7th</b>	Sun. 9:45- 12:45 Tues. 4:15- 6:15	\$1,240	Members
		\$2,050	Non-members
		\$300	Registration and activity fee

**SHAARE TORAH RELIGIOUS SCHOOL PAYMENT FORM**

According to Shaare Torah's Financial Policies, all Religious School parents must have a valid credit card on file. Completion of the credit card information section below is required to be accepted into the Shaare Torah Religious School, even if you did not select the credit card option. \*\*\*American Express is not accepted at this time\*\*\* Shaare Torah will only use the credit card should you fall behind on your payments or if you authorize us to do so. If you have any questions or concerns with the policy, please email Ken Beecher, Vice President of Finance and Fundraising, at [vpfinance@shaaretorah.org](mailto:vpfinance@shaaretorah.org).

Please indicate the type of payment (Please check one option)

\_\_\_\_\_ Check: one half of the remaining tuition on or before August 1, 2011 and the remainder of the tuition will be due before January 1, 2012

\_\_\_\_\_ Credit Card (Information below): one half of the remaining tuition on or before August 1, 2011 and the remainder of the tuition will be due before January 1, 2012

\_\_\_\_\_ Credit Card (Information below): 10 equal amounts beginning August 1, 2011

\_\_\_\_\_ ACH (direct bank account withdrawal -- information already on file with Shaare Torah): 10 equal amounts beginning August 1, 2011

\_\_\_\_\_ ACH (direct bank account withdrawal – Information Below): 10 equal amounts beginning August 1, 2011

**Credit Card Form (MANDATORY)**

Name on Credit Card \_\_\_\_\_

Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

**Direct Debit Form**

Bank Name: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ (Please attach a VOIDED blank check with this form)

I hereby authorize the withdrawal from my checking account on or before the 5th of each month.

Signature: \_\_\_\_\_



## Shaare Torah Religious School Application for 5772 (2011-2012)

Please complete and submit all pages. We need one complete application for each child to be registered.

### Application Checklist

Payment Form

A recent digital photo of your child. Please email your photo to [RSAdmin@ShaareTorah.org](mailto:RSAdmin@ShaareTorah.org). These photos will be used for field trips, and also for teachers to be able to learn the names of all of the students before the school year begins. Cellphone pictures are fine. Please send your child's digital photo to [RSAdmin@Shaaretorah.org](mailto:RSAdmin@Shaaretorah.org).

An enrollment application used to register your child(ren). Each child needs a separate application. The application includes the following forms:

1. Student and Family Information Form
2. Parent – Student Brit (Covenant) Form
3. Emergency Action Authorization Form
4. Student Health Background Form
5. Walking Policies Form (6<sup>th</sup>/7<sup>th</sup> grade only)

FOR OFFICE USE ONLY				
ACCOUNT #	DATE RECEIVED	CHECK #	AMOUNT	RECEIVED BY



# Shaare Torah Religious School Application for 5772 (2011-2012)

Insert  
Photo  
Here

## Student/Parent Information Form

Student Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Hebrew Name (Use English Characters): \_\_\_\_\_ Student's Email: \_\_\_\_\_

Grade in Secular School (2011-2012): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Will Your Household be a Shaare Torah Member in 2010-2011?  YES  NO

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

What Subdivision Do You Live In? \_\_\_\_\_

Name of Secular School: \_\_\_\_\_ Do You Want Carpool Information? YES NO

## Parent Information

_____		_____	
Parent A's Name		Parent B's Name	
_____		_____	
Parent A's Address	(If different from above)	Parent B's Address	(If different from above)
_____		_____	
Home Phone Number	Work Phone Number	Home Phone Number	Work Phone Number
_____	_____	_____	_____
Cell Phone Number	E-Mail Address	Cell Phone Number	E-Mail Address
_____	_____	_____	_____
<input type="checkbox"/> Parent has legal custody for this student		<input type="checkbox"/> Parent has legal custody for this student	
<input type="checkbox"/> Include email address in parent directory		<input type="checkbox"/> Include email address in parent directory	
<input type="checkbox"/> Parent to receive Religious School communications		<input type="checkbox"/> Parent to receive Religious School communications	

Please check all that apply:  Parents are married and living together;  Parents are divorced;  Parents are separated;  
 Single parent;  Parent deceased;  Other (please explain) \_\_\_\_\_

Parent A is remarried  Parent B is remarried

_____		_____	
Stepparent's Name		Stepparent's Name	
_____		_____	
Address (If different from above)		Address (If different from above)	
_____		_____	
Home Phone Number	Work Phone Number	Home Phone Number	Work Phone Number
_____	_____	_____	_____
Cell Phone Number	E-Mail Address	Cell Phone Number	E-Mail Address
_____	_____	_____	_____
<input type="checkbox"/> Parent has legal custody for this student		<input type="checkbox"/> Parent has legal custody for this student	
<input type="checkbox"/> Include email address in parent directory		<input type="checkbox"/> Include email address in parent directory	
<input type="checkbox"/> Parent to receive Religious School mailings		<input type="checkbox"/> Parent to receive Religious School mailings	



# Shaare Torah Religious School Application for 5772 (2011-2012)

Place Child's  
Picture Here

## Sibling Information

Name	Date of Birth	Age	Religious School Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

---



---



---

**By signing below, I give permission to Shaare Torah to use any photographs or videos taken of my child(ren) during Religious School, special events, or Youth Programs on its website or in promotional materials. I understand that my child(ren)'s name will not be associated with the photograph and Shaare Torah will not receive any monetary compensation for posting the photographs.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

I / we hereby agree to abide by all terms, conditions, policies and decisions currently or subsequently set forth by the Shaare Torah Religious School, including the learning contract and all financial obligations. I understand that according to our new policy, tuition will be paid as either a lump sum by July 31, or through monthly payments debited directly from my bank account or charged to my credit card, and will provide the appropriate information to Shaare Torah. The Shaare Torah Religious School is committed to following the guidelines of the *Shaare Torah Policy on Privacy of Membership Data*. The policy is intended to help safeguard the privacy of our members' personal information and data. A copy of this policy is available upon request.

\*\*\*All synagogue members must be in good financial standing in order for their children to be accepted for the 2011-2012 school year.\*\*\*

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Shaare Torah Religious School Application for 5772 (2011-2012)

## Emergency Action Authorization Form

<b>Student Name:</b> _____		
<b>Physician Information</b>		
Physician Name: _____	Phone: _____	
Street Address: _____		
City: _____	State: _____	Zip Code: _____
Describe Allergies or Treatment Concerns: _____ _____		
<b>Insurance Company</b>		
Name: _____	Phone: _____	
Street Address: _____		
City: _____	State: _____	Zip Code: _____
<b>Dentist</b>		
Name: _____	Phone: _____	
Street Address: _____		
City: _____	State: _____	Zip Code: _____
<b>Emergency Contact</b>		
Name: _____	Home Phone: _____	
Relationship: _____	Mobile: _____	
Name: _____	Home Phone: _____	
Relationship: _____	Mobile: _____	

I hereby authorize the supervisory person to grant approval for and/or to administer first aid and/or to take my child, \_\_\_\_\_, to a physician or hospital for emergency treatment, in the event it appears necessary. I hereby release Shaare Torah and all the people associated with this program from any and all liability whether joint or several for injury and/or damages arising out of or as a result of my child's/children's participation in this program.

\_\_\_\_\_  
**Print Parent/Guardian Name**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Parent/Guardian Name**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**



# Shaare Torah Religious School Application for 5772 (2011-2012)

## Parent – Student Brit (Covenant) Form

Shaare Torah Religious School is dedicated to providing its students with a warm and creative environment and a strong educational foundation. In so doing, we strive to create in our children a positive Jewish identity with the skills and ethics necessary to become responsible, knowledgeable and motivated members of the Jewish community.

The success of the school depends critically on the partnership between students, parents, educators and community. We ask parents and students to join us in achieving these goals by agreeing to:

- Ensure that each student is prepared for Religious School, every day, with the appropriate supplies and all assignments completed.
- Respect the learning environment by making sure that all students arrive on time.
- Work together as a family to reinforce the concepts, skills and knowledge taught in the school.
- Serve as a Religious School volunteer for programs during the course of the year.

We also agree that we will strive to increase the quality and quantity of Jewish learning in our home by:

- Observing holidays in our home – including Shabbat.
- Continuing our Jewish education by attending adult education programs or through reading and discussion. In so doing we act as role models to our children and reinforce the life-long importance of Jewish education.
- Volunteering to causes that make the world a better place and talking about the importance of *tzedakah* (giving aid to those in need) and *tikun olam* (repairing the world) with our children.
- Attending Shabbat and other services as a family to strengthen our connection to the greater Jewish community and provide a context for the curriculum that our children are learning.

As a student, I promise...

- To attend Religious School regularly and on time
- To do my best at school
- To show respect to other students and my teachers
- To complete my homework assignments on time
- To cooperate and be ready to learn each day

As a parent or guardian, I promise...

- To be an active participant in my child's Jewish education
- To offer praise and encouragement to my child
- To help my child attend Religious School regularly
- To schedule homework time and review it with my child
- To discuss my child's progress with his/her teacher on a regular basis
- To receive and respond to written communications from the teacher
- To make sure my child is well-rested and prepared for school (books & homework)

We also ask that all parents take the time to review the Parents handbook provided at the beginning of the year. The Parents' handbook includes a great deal of important and useful information, including our discipline and attendance policies, and our "ten commandments" of *derech eretz* (right behavior).

---

Parent/Guardian

---

Parent/Guardian (if applicable)

---

Student Signature



# Shaare Torah Religious School

## Application for 5772 (2011-2012)

### Health Information Form

Student's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Grade: \_\_\_\_\_

**GENERAL HEALTH CONCERNS**

Fatigue  Frequent Illness  Other

**ALLERGIES**

**Allergy Type:**

Food List food(s) \_\_\_\_\_  
 Medication List medicine(s) \_\_\_\_\_  
 Bee sting  
 Other (list) \_\_\_\_\_

**Reactions:**

Coughing  Hives  Rash  Difficulty breathing  
 Generalized swelling  Local swelling  Wheezing  Nausea  
 Other \_\_\_\_\_

**ASTHMA**

**Triggers:**

Exercise  Environmental  Other \_\_\_\_\_

**Symptoms or reactions:**

Chest tightness, discomfort, or pain  Difficulty breathing  Throat itch, tightness, or soreness  
 Coughing  Hoarseness  Wheezing  
 Other \_\_\_\_\_

**DIABETES**

**SEIZURE DISORDER**

**Type of seizure:**

Absence (staring, unresponsive)  Complex partial  
 Generalized tonic-clonic (grand mal, convulsive)  Other (explain) \_\_\_\_\_

**OTHER HEALTH CONDITIONS**

Cancer  Heart condition (be specific) \_\_\_\_\_  
 Hemophilia  Physical disability (be specific) \_\_\_\_\_  
 Respiratory (be specific) \_\_\_\_\_  
 Other (explain) \_\_\_\_\_

**VISION CONDITIONS**

Contacts  Glasses  
 Other \_\_\_\_\_

**HEARING CONDITIONS**

Hearing Aids  
 Other \_\_\_\_\_

**SPEECH (delay, stammer, etc)**

Describe \_\_\_\_\_

**MEDICATIONS**

*Please list all medications your child takes regularly and indicate if s/he will have the medication with them during Religious School.*



# Shaare Torah Religious School

## Application for 5772 (2011-2012)

### Allergy Action Plan

Student's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Grade: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

Asthmatic Yes\* \_\_\_\_\_ No \_\_\_\_\_ \*Asthmatics are at higher risk for severe reaction

#### \*STEP 1: TREATMENT\*

<u>Symptoms:</u>	<u>Give Checked Medication**:</u>	
	<small>** (To be determined by physician authorizing treatment)</small>	
▪ If a food allergen has been ingested, but <i>no symptoms</i>	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Mouth Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Skin Hives, itchy rash, swelling of face or extremities	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Gut Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Throat‡ Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Lung‡ Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Heart‡ Weak or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Other‡ _____	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ If reaction is progressing (several of the above areas affected), give:	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine

‡Potentially life-threatening. The severity of symptoms can quickly change.

#### DOSAGE

**Epinephrine:** inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg

**Antihistamine:** give \_\_\_\_\_  
medication/dose/route

**Other:** give \_\_\_\_\_  
medication/dose/route

**IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.**

#### \*STEP 2: EMERGENCY CALLS\*

1. Call 911 (or Rescue Squad \_\_\_\_\_). State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Parent \_\_\_\_\_ Phone Number: \_\_\_\_\_

4. Emergency contacts: Name/Relationship Phone Number(s) \_\_\_\_\_

a. \_\_\_\_\_ 1) \_\_\_\_\_ 2) \_\_\_\_\_

b. \_\_\_\_\_ 1) \_\_\_\_\_ 2) \_\_\_\_\_

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_

Date \_\_\_\_\_

(Required for children with emergency medications)



# Shaare Torah Religious School Application for 5772 (2011-2012)

## Learning Styles Information Form

- Receives special assistance in his/her secular school setting
- Reading or perceptual problems  
(In particular, difficulty in learning to read phonetically)
- Diagnosed as ADHD, ADD or other behavioral condition
- Identified as “gifted and talented
- Has experienced major changes or disruptions  
(Divorce, recent relocation, death in the family, new school, etc.)
- Has an IEP at secular school

If your child has special needs, please check off any of the following that apply:

### Auditory Processing problems

- Preferential seating
- Short oral directions
- Oral with written directions
- Alert to directions
- Talk slower
- Vary voice tone and pitch
- Key points on board
- Notes written out
- Explanation with visuals
- Classroom charts
- Wait time

### Visual processing problems

- Preferential seating
- Clear writing (board and handouts)
- Verbal with written instructions
- Visual focusing clues
- Oral directions
- Summarize questions

### Visual motor problems

- Reduced writing requirements
- Oral quizzes, tests
- Allow more time

### Organizational problems

- Daily routine
  - Clear, concise directions
  - Review and summarize
  - Samples of finished product
  - Enumerate steps for specific assignments
- Focusing techniques

### Expressive language problems

- Mnemonic devices, hints
- Wait time
- Notes, visuals with oral

REMARKS: (Please explain any “yes” answers fully, and please list any additional information about your child that would be helpful for your child’s teachers to know). Feel free to add a separate page if you need more room.

---

---

- I/We would like an appointment with the DLLL or Assistant Director to further discuss the information on this form.