

Dear Parents,

We are looking forward to a fantastic 2019-2020 school year!

This year's registration forms are fully online for returning students, we just need you to update your information! Using the log-in instructions below, please log-in and update your information. If you encounter any issues online, please don't hesitate to contact Heidi at hsegal@adatelohim.com.

For any new students, we ask that you please submit a hard copy of your registration forms (including a signed Code of Conduct) so that we can enter your information and enroll your child for you. Please complete all of the paperwork and either email the forms back to me at mgoldberg@adatelohim.com or print and mail them to the temple address. Please note: our system, unfortunately, is not able to accept forms sent via mac computers. Alternatively, you may complete them on your mac, print them, and send them to me. *Next registration year we will just need to request updates which you will be able to do online.*

You may pay your tuition in full now, or we will bill your temple account over four months beginning July 1, 2019 and continuing through October 1, 2019. (If you need to make alternate payment arrangements please contact the accounting office as soon as possible at 805-497-7101, ext. 205.) Your temple account must be current in order to register. Tuition rates for 2019-2020 are listed below.

Please feel free to call me at (805) 497-0361 with any questions that you may have. I look forward to continuing to learn with you and your children.

Sincerely,



Marcy Goldberg
Director of Education

GRADE	DAY	YEARLY
K-3 rd	Sundays	\$ 945
4 th – 6 th	Sundays OR Wednesdays	\$ 1,135
7 th & Private Tutorial	Tuesday Evening OR Wednesday Afternoon	\$ 2,150
Bar & Bat Mitzvah Fees	Oneg & Flowers	\$ 330
8 th & 9 th	Tuesday Evening	\$ 945
Confirmation (10 th)	Tuesday Evening	\$ 945
Confirmation Fee		\$ 150
Sunday Night Live (11 th & 12 th)	Sunday Evening	\$ 725

2420 East Hillcrest Drive, Thousand Oaks 91362
Religious School (805) 497-0361 Fax: (805) 495-6971
mgoldberg@adatelohim.com www.adatelohim.org

Registration for the 2019-2020 school year is available
FULLY ONLINE!

Go to www.adateloim.shulcloud.com and follow these steps. It is so simple!

1. Once on the site above, go to the gray login button on the right hand side, and enter your password.
2. Click on where it says “Welcome and your name”, click on “my account”.
3. Once on your homepage, scroll down to where it says Enrollments, click on “Enroll Now” under Religious School 2019-2020.
4. Type in your family name and select Religious School 2019-2020 under the term section.
5. On the next page, read through our letter and select the grades for your child(ren) in order to review and update your form.
6. Update your information carefully and click complete enrollment once you are finished.
7. You should receive an email confirmation once you have completed your enrollment.

Please don't hesitate to let Marcy or Heidi know if you have any questions at (805) 497-0361.

**TEMPLE ADAT ELOHIM RELIGIOUS SCHOOL
EMERGENCY INFORMATION**

ONE FORM **PER STUDENT** MUST BE RETURNED ALONG WITH YOUR SIGNED CODE OF CONDUCT
PLEASE MAKE SURE TO COMPLETE EVERY SECTION

STUDENT'S NAME _____ **BIRTHDATE** ____/____/____

ADDRESS _____ **CITY** _____ **ZIP** _____

PARENT/GUARDIAN NAME _____ **PARENT/GUARDIAN NAME** _____

Address _____ **Address** _____

Home Phone _____ **Home Phone** _____

Daytime Phone _____ **Daytime Phone** _____

Cell Phone _____ **Cell Phone** _____

E-mail _____ **E-mail** _____

In case of divorce/separation, should both parents receive communication from us? Yes No

_____ **Grade and teacher in Religious School (2018-2019):** _____

GRADE 2019/2020

GRADE	DAY	Check all that apply
K-3 rd	Sundays	
4 th -6 th	Sundays	
4 th -6 th	Wednesdays	
7 th Grade	Tuesday Evening	
7 th Grade	Wednesday Afternoon	
8 th & 9 th	Tuesday Evening	
Confirmation (10 th)	Tuesday Evening	
Sunday Night Live (11 th & 12 th)	Sunday Evening	

_____ **STUDENT'S HEBREW NAME**

_____ **BAR/BAT MITZVAH DATE**

_____ **FRIEND REQUEST (WE CAN ONLY CONSIDER THE FIRST TWO NAMES LISTED)**

EMERGENCY CONTACT INFORMATION: If you are unable to reach me during any emergency, you are authorized to contact and, if necessary, to release my student to the following relative or neighbor:

(STUDENT WILL NOT BE RELEASED TO ANYONE WHO IS NOT LISTED.)

_____ **NAME** _____ **RELATIONSHIP** _____ **CELL PHONE**

_____ **NAME** _____ **RELATIONSHIP** _____ **CELL PHONE**

_____ **NAME** _____ **RELATIONSHIP** _____ **CELL PHONE**

I give permission for my child's image to be used on the TAE website, Facebook page, and email blasts:

Yes No

Describe any **learning or behavioral challenges** which might affect the student's performance or participation: **PLEASE NOTE AS THIS IS IMPORTANT INFORMATION FOR TEACHERS**

Describe any prescription which the student takes regularly: _____

Explain: _____

List any allergies: _____

Describe any **family arrangements the teacher should know** that might affect your child's progress:

MEDICAL INSURANCE: _____

POLICY #: _____

DOCTOR'S NAME: _____

PHONE #: _____

IF THE PARENT, GUARDIAN OR PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL: YES NO

OTHER: (SPECIFY): _____

The undersigned, legal custodian of _____, a minor, hereby authorizes the Director or designee, into whose care the aforementioned minor pupil has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician or dentist.

It is understood that this authorization is given in advance of any required diagnosis, treatment or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

The undersigned hereby agrees to defend, indemnify, and hold harmless Temple Adat Elohim and its officers, employees and agents from any and against all loss, liability charges, and expenses (including attorney fees and costs which may arise by reason of participation in any program). Temple Adat Elohim does not provide accident, medical, liability, or workers compensation insurance for program participants. I further understand that all costs of paramedic transportation, hospitalization and any examination, X-ray, or treatment provided in relation to this authorization shall be borne by the undersigned.

Print name and relationship to student

Parent/Guardian Signature

By checking this box it is as if I have signed this by hand, and this is my official signature.

**TEMPLE ADAT ELOHIM RELIGIOUS SCHOOL
EMERGENCY INFORMATION**

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PLEASE MAKE SURE TO COMPLETE EVERY SECTION

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ADDRESS _____ **CITY** _____ **ZIP** _____

PARENT/GUARDIAN NAME _____ **PARENT/GUARDIAN NAME** _____

Address _____ **Address** _____

Home Phone _____ **Home Phone** _____

Daytime Phone _____ **Daytime Phone** _____

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Describe any prescription which the student takes regularly: _____

Explain: _____

List any allergies: _____

Describe any **family arrangements the teacher should know** that might affect your child's progress:

MEDICAL INSURANCE: _____ POLICY #: _____

DOCTOR'S NAME: _____ PHONE #: _____

IF THE PARENT, GUARDIAN OR PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL: YES NO

OTHER: (SPECIFY): _____

The undersigned, legal custodian of _____, a minor, hereby authorizes the Director or designee, into whose care the aforementioned minor pupil has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician or dentist.

It is understood that this authorization is given in advance of any required diagnosis, treatment or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

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Print name and relationship to student

Parent/Guardian Signature

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**TEMPLE ADAT ELOHIM RELIGIOUS SCHOOL
CODE OF CONDUCT**

We are committed to offering our students a quality Jewish Education. To this end, we have adopted the following policy, which applies to every individual in our school. It is our sincere hope that each student will experience a rewarding education in a positive, productive learning environment. **Please review this policy with your child(ren), sign it and return it with your Emergency Contact Forms.** Thank You.

1. **In accordance with the policy of Temple Adat Elohim, a student must complete four years of Hebrew School (grades 4 and higher) and is obligated to complete the 7th grade year of Religious School. In addition, we encourage all students to continue their Jewish Education through Confirmation.**
2. **Attendance in school is vital to the success of the student's progress. A student missing more than 25% of sessions during the school year may not be promoted to the next grade level.**
3. **Students will be required to complete assignments missed during absences.**
4. **Behavioral problems are detrimental to the learning environment. Every effort will be made to resolve the situation in the classroom. If a child continues to have behavioral problems and must be sent out of class, the following will occur:
FIRST TIME – the student will be spoken with and returned to class at the discretion of the Director of Education.
SECOND TIME – the student will be spoken with and the Director of Education will discuss the situation with their parents and a written summary will be included in the students' cumulative file.
THIRD TIME – the student will be spoken with and a conference will be scheduled with the parents in an attempt to resolve the situation before the student is allowed to return to class.
FOURTH TIME – the student will be suspended and will not be allowed to return to class until a second conference takes place. The Director of Education, at this point, has the authority to decide when and if the student will return to class.
FIFTH TIME – if the behavior does not change the student will be expelled for the remainder of the school year by a committee consisting of the Director of Education, Assistant Director, Rabbi and Vice President of Education.
The student's return to school the following year will be at the discretion of the school. At this point the Bar/Bat Mitzvah date will be postponed or canceled.**
5. **Students will be on their best behavior at all times, apply themselves to the best of their abilities, be prompt to class, and complete assigned work in a timely manner. Students must remain in designated supervised areas on Temple grounds.**
6. **Students will follow the directions of the person in charge at all times.**
7. **Students will care for their texts, materials, and school and personal property. Any damage done will be the financial responsibility of the family. Parents must pay said cost before re-enrollment or Bar/Bat Mitzvah.**
8. **Fighting, foul language and violent acts will not be tolerated.**
9. **The school does not tolerate the use or possession of weapons or drugs, other than those drugs prescribed by a physician, which must be held in the Religious School office. If a student is in possession of drugs, alcohol, cigarettes or weapons the result is an immediate expulsion from the school program and Bar/Bat Mitzvah privileges shall be revoked. This policy is one of strict compliance. No exceptions will be made.**

We have read the Code of Conduct and will adhere to its terms:

Parent/Guardian's Name

Parent/Guardian's Name

Student's Name

Student's Name

Student's Name

Student's Name

By checking this box it is as if I have signed this by hand, and this is my official signature.