

April 2021

Dear Parents,

We are so proud of how we successfully completed the 2020-2021 Religious School virtually. We are looking forward to a meaningful and engaging 2021-2022 school year with all of you!

Our desire and plans are for everyone to study together in-person at TAE. While everything is moving in that direction, we are developing contingency plans for hybrid learning, if the current trend changes. We will keep you informed if any changes become necessary.

This year's registration forms are fully online for all students. Please update your information using the login instructions below. If you encounter any issues online, please do not hesitate to contact Heidi at <u>hsegal@adatelohim.com</u>. Please be sure to fill out and submit the Student's Code of Conduct with your other forms.

When forms are submitted, you will receive a confirmation email. Your Temple Adat Elohim account must be current in order to register.

If you have any questions, please feel free to reach out to me at <u>rshaw@adatelohim.com</u> or Heidi at <u>hsegal@adatelohim.com</u>. We look forward to continuing our partnership with you in your family's Jewish learning journey.

Sincerely,

Reesa Shaw

Reesa Shaw Interim Religious School Principal School Year 2021-2022

GRADE	DAY	YEARLY
K-3 rd	Sundays	\$ 945
$4^{th} - 6^{th}$	Sundays or Wednesdays	\$ 1,135
7 th & Private Tutorial	Tuesday Evening	\$ 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

Registration for the 2021-2022 school year is available *FULLY ONLINE*!

Follow these steps. It is so simple!

- 1. Go to <u>www.AdatElohim.org</u>.
- 2. Click on Member Login (on the upper right-hand side) and enter you email address and password. If you forgot your password or do not know it, select "Forgot Password", and follow the instructions to reset it.
- 3. Click on "My Account."
- 4. Click on the "My Enrollments" box.
- 5. Click on "Enroll Now."
- 6. Read through our letter and select the grades for your child(ren).
- 7. Update your information carefully and when finished select "Complete Enrollment."
- 8. You should receive an automated email confirmation letting you know that enrollment has been submitted successfully.

Please do not hesitate to email Reesa or Heidi should you have any questions <u>rshaw@adatelohim.com</u> or <u>hsegal@adatelohim.com</u>.

TEMPLE ADAT ELOHIM RELIGIOUS SCHOOL EMERGENCY INFORMATION

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

STUDENT'S NAME	BIRT	HDATE//_	
ADDRESS	CITY		ZIP
PARENT/GUARDIAN NAME	PARENT/GUA	RDIAN NAME	
Address	Address		
Home Phone	Home Phone		
Daytime Phone	Daytime Phor	Daytime Phone	
Cell Phone	Cell Phone	Cell Phone	
E-mail	E-mail	E-mail	
In case of divorce/separation, should bo			
INCOMING SECULAR GRADE 2021/2022	Grade and teacher in Religiou	s school (2020-2021). <u> </u>	
STUDENT'S HEBREW NAME (If known)		BAR/BAT MITZVAH D	ATE (If known)
FRIEND REQUEST (WE CAN ONLY CONSIL	DER THE FIRST TWO NAMES LI	STED)	
EMERGENCY CONTACT INFORMATIC authorized to contact and, if necessa (STUDENT <u>WILL NOT</u> BE RELEASED TO	ry, to release my student to	the following relative	• • •
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:

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 CALL EMERGENCY HOSPITAL: YES NO		
OTHER: (SPECIFY):		
	, a minor, hereby authoriz, a minor, hereby authoriz	

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 (Electronic Signature)

Parent/Guardian Signature (Electronic Signature)

TEMPLE ADAT ELOHIM RELIGIOUS SCHOOL EMERGENCY INFORMATION

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

STUDENT'S NAME	BI	RTHDATE///	
ADDRESS	CITY	ZIP	
PARENT/GUARDIAN NAME	PARENT/G	UARDIAN NAME	
Address	Address		
Home Phone	Home Phor	Home Phone	
Daytime Phone	Daytime Ph	Daytime Phone	
Cell Phone	Cell Phone	Cell Phone	
E-mail	E-mail	E-mail	
INCOMING SECULAR GRADE 202:		ous School (2020-2021):	
STUDENT'S HEBREW NAME (If known)	BAR/BAT MITZVAH DATE (If ki	nown)
FRIEND REQUEST (WE CAN ONLY	CONSIDER THE FIRST TWO NAMES	LISTED)	
authorized to contact and, if n	-	each me during any emergency, to the following relative or neig ISTED.)	
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:

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/s 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 E CALL EMERGENCY HOSPITAL: YES NO	3E REACHED, WHAT ACTION SHOULD BE TAKEN?		
OTHER: (SPECIFY):			
	, a minor, hereby authorizes nentioned minor pupil has been entrusted, to consent to		

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 (Electronic Signature)

Parent/Guardian Signature (Electronic Signature)

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 and submit with your Emergency Contact Forms**. Thank You.

- 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 <u>all</u> 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 that 25% of sessions during the school year may not be promoted to the next grade level without private summer tutoring to achieve grade level competency.
- 3. Students will be required to complete assignments missed during absences.
- 4. We use the following principles for addressing student behavior:
 - Students may take part in classroom and extra-curricular activities if they are not causing a problem for other students, teachers, or madrichim. (use or possession of a weapon or drugs presents a problem within the school.)
 - Students should experience the natural consequences, both positive and negative, of their behavior.
 - We cherish and value our students even when they make mistakes.
 - Students learn and gain self-esteem, in part, by making and then repairing their mistakes.
- 5. Students must remain in designated supervised areas on Temple grounds and/or to be on camera during any virtual session.

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