

Student's Name: _____

Health Information:

<u>Allergies</u>	<u>Reaction</u>	<u>Treatment</u>
	If severe, please provide the appropriate forms and medications.	
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list current and emergency medications and note whether any of these medications are life preserving. Please give the Religious School a three-day supply of all medications, for emergency use only.

<u>Medication</u>	<u>Dosage/Time</u>	<u>Purpose</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have any health problems which you feel the school or emergency personnel should be made aware of?

Please contact the Religious School Office if your child has any serious health problems during the year.

____ You have my permission to include the Name, Address, Phone, & email of Parent 1 in the Student Directory, distributed to RS families only
initials

____ You have my permission to include the Name, Address, Phone, & email of Parent 2 in the Student Directory, distributed to RS families only.
initials

Permission for Emergency Medical Treatment:

Oseh Shalom Religious School (OSRS) and its representatives have my permission to administer care and treatment to my child (name) _____ in case of an emergency, when my physician or I cannot be contacted, (including, but not limited to, administering listed medications) for illness or injury. The OSRS representative may hospitalize and/or secure medical treatment for my child in a medical emergency if, in his/her best judgment, further delay might jeopardize the welfare of my child. I agree to release and hold harmless OSRS and its representatives for administering or authorizing the administration of medical care to my child, providing they are following my written instructions on this Permission Form or are making a good faith attempt to provide for the welfare of my child in an emergency. I give permission to OSRS and its representatives to release pertinent medical information from my child's medical file in order to facilitate medical care.

Parent or Guardian

Signature

Date

Physician's Name _____ Physician's Phone# _____

Medical Insurance Company _____ Policy # _____

Permission to use photographs, images and name:

I give my permission to use pictures, images and name of my child in publications, print and on the internet.

Parent or Guardian

Signature

Date

Student's Name: _____

General Information about your child:

Please help us understand your child's learning style by being as complete as possible. This information will be shared with the teachers and will remain confidential.

Tell us about your child's learning strengths.

What are your expectations for the coming year for your child?

How can we best address your child's strengths and needs?

Special Concerns:

Does your child have any learning difficulties? Yes No

Is your child receiving services under a 504 plan, an IEP, or other formal educational plan? Yes No

A copy of the plan is enclosed; will be sent under separate cover prior to 9/1/10.

Is your child currently being tutored? Yes No

Does your child read English: Above grade level? On grade level? Below grade level?

Does your child have difficulties participating in group activities? Yes No

Explain any "Yes" answers above.

Additional information you might like to share about your child:

Madrichim Program & Registration

The Program

The Madrichim (Teacher's Aide) Program is open to all 8th - 12th grade students on Sundays 9:15-11:30 and Wednesdays 4:30-6:30. It provides them with the opportunity to learn valuable leadership skills, while enabling them to stay connected with the synagogue. Madrichim will assist the teacher, work with students and utilize their skills in enhancing the classroom environment. Training and guidance will be provided by the teacher and the Director.

Benefits

- Gain Leadership Skills
- Earn Community Service Hours
- Learn Responsibility
- Interact with other madrichim
- Enhance your resume
- Gain valuable experience

Commitment

- Commit to 2 training sessions during the school year.
- Commit to regular attendance to assure continuity for the teacher and the students.
An excessive number of absences will result in forfeiting the position.
- Commit to taking the responsibility seriously and treating it as a job.

Community Service Hours

We recommend that students use the Madrichim Program to earn Community Service Hours. Not all schools consider this program as meeting the requirements for Student Service Hours. Students should obtain approval from their school.

Cost

All madrichim pay \$60 registration fee, regardless of choice of Community Service Hours or monetary compensation. Madrichim salaries are based on grade level. Families are required to subsidize 50% of their student's salary.

Grade Level	Salary Per Session	Registration Fee for Community Service	Registration fee for paid Madrichim
8th-9th grades	\$8.00	\$60	\$124
10th grades	\$10.00	\$60	\$155
11th-12th grades	\$12.00	\$60	\$186

Student's Name: _____

Please check: Sunday session (9:15 – 11:30) I would like to earn Community Service Hours
 Wednesday session (4:30 – 6:30) I would prefer to be paid

What age group do you prefer to work with?

What are your goals and expectations?

How is your Hebrew reading?

What skills do you have to share (computer, languages)?

What special talents do you have (music, art, dance)?

Oseh Shalom Religious School

Tuition for 2010-11 / 5771 School Year

Please note that these fees are tentative as of 5/15/10 and are subject to change by the Executive Board.

Fees include tuition, books, and materials.

Early Bird rates are for registration forms received by 6/15/2010.

A completed application packet includes:

- ____ Registration form for each student
- ____ \$150 Deposit per family
- ____ A recent picture of student, with name on the back
- ____ Current IEP, 504 plan or formal education plan.
- ____ May be sent under separate cover, marked "Confidential."

\$150 Registration Deposit, to accompany registration forms.

\$50 discount off of total tuition for Early Bird Registration packets returned with the \$150 deposit by 6/15/10.

Program	Early Bird Registration By 6/15/2010		Late Registration, After 6/15/2010	
	Member	Non-Member	Member	Non-Member
Pre-K	\$440	\$495	\$490	\$545
K-2 nd Grade	\$740	\$1,480	\$790	\$1,530
3 rd -4 th Grade	\$1,080 (includes \$50 Activity Fee)	\$2,110 (includes \$50 Activity Fee)	\$1,130 (includes \$50 Activity Fee)	\$2,160 (includes \$50 Activity Fee)
5 th -7 th Grade	\$1,130 (Includes \$100 Activity Fee)	\$2,160 (Includes \$100 Activity Fee)	\$1,180 (includes \$100 Activity Fee)	\$2,210 (includes \$100 Activity Fee)
8 th -12 th Grade	\$775	\$1,550	\$825	\$1,600
Upper School Dinner <i>Optional</i>	\$170	\$170	\$170	\$170
Madrichim Program Registration Fee	\$60	\$60	\$60	\$60
Madrichim 8 th -9 th Grade	\$124	\$124	\$124	\$124
Madrichim 10 th Grade	\$155	\$155	\$155	\$155
Madrichim 11 th -12 th Grade	\$186	\$186	\$186	\$186

Oseh Shalom Religious School

Parent Volunteers 5771

Name: _____

Parent of: _____

Phone #: _____

E-Mail: _____

_____ Education Committee Member

Participate in the policy-making body that guides the Religious School. The Committee meets once a month.

_____ Room Parent Grade _____

Coordinate grade-level programs, arrange for volunteers from the grade level.

_____ Shabbat Dinner Coordinator Grade _____

Coordinate grade level Shabbat dinner. Once a year.

_____ High School Dinner

Plan and set-up Tuesday night dinner. Once a year.

_____ Teacher Appreciation

End-of-year luncheon and gift for teachers. Once a year.

_____ School Archives

Download and print pictures of student programs and activities. Create an archive of pictures.

_____ Campbell's Labels for Education

Coordinate the collection of box tops. Liaison with Campbell's.

_____ Giant Points Program for Education

Coordinate the collection of points. Liaison with Giant.

_____ Shabbaton Grade _____

Chaperon retreat at the Pearlstone Center, for grades 5th-7th.

Chaperon retreat at Oseh, for grades 3rd-4th.

_____ Summer Support

Prepare classrooms. Prepare decorations. Arrange closets. Prepare inventory.

_____ Substitute Teach

_____ Sunday: Preferred Grade _____ Hebrew _____ Judaics _____

_____ Wednesday: Preferred Grade _____ Hebrew _____ Judaics _____

_____ Please Specify