

MAIL-IN REGISTRATION
WHAT TO DO & SEND BY AUGUST 10, 2009

Families must be members of Temple Sinai to enroll their children in our Religious School.

Complete a separate medical authorization form for each child you are registering for school
Complete the registration form, the privacy policy document and the volunteer sign-up sheet

Mail completed forms, and payment in full, for your children to Rhoda Pickus, 16 Moore Avenue, Saratoga, NY 12866. You can contact Rhoda at depinna101@juno.com if you have any questions.

IN-PERSON REGISTRATION

AT TEMPLE SINAI, WILL BE SEPTEMBER 8th AND 10th FROM 6:30-8:00

Families unable to pay school fees in full, and need to work out a payment plan, must meet with a member of the finance committee to make arrangements. The finance committee will be available during in-person registration.

JUDAICA CLASSES

For students in kindergarten-7th grades on Sundays from 9:30-11:45 or 11:15-1:30. Families will be notified of class assignments after September 10. Students must attend Judaica classes for a minimum of 3 years leading up to their Bar/Bat Mitzvahs.

HEBREW CLASSES

For students in grades 4 and up on Wednesdays from 6:30-8:00. Students must attend Hebrew classes for a minimum of 3 years preceding their year of preparation for Bar/Bat Mitzvahs.

BAR/BAT MITZVAH CLASSES

Students must have completed at least 3 years of both Judaica and Hebrew classes to enroll in the Bar/Bat Mitzvah classes. Meets on Wednesdays from 6:30-8:00, once a month with a Rabbi, complete a Mitzvah project and attend monthly Sunday family Bar/Bat Mitzvah class meeting from 11:00-noon.

CONFIRMATION CLASS

For students in grades 8, 9 & 10. Meets on Sundays from 9:30-10:45 or 12:15-1:30. Students must attend Confirmation class in order to work in our Religious School. Families will be notified of class assignments after September 10.

YOUTH GROUPS

Elementary Youth Group is for students in grades 3, 4 & 5. Junior Youth Group is for students in 6, 7 & 8. SCiTSY (Saratoga County Temple Sinai Youth) for students in grade 9-12, affiliated with NFTY. Each group meets about once a month. Meeting notices are sent via e-mail & flyers.

PRE-SCHOOL

For toilet-trained 3 and 4 year olds meets on Sundays from 9:30-10:40.

ADULT HEBREW

Meets on Wednesday nights from either 6:30-7:30 or 7:30-8:30, depending on the level.

2009-2010 TEMPLE SINAI RELIGIOUS SCHOOL COMMUNITY BUILDING VOLUNTEER FORM

Completion of this form is required by all families wishing to register their children in Temple Sinai's Religious School.

Your support and assistance are essential to the running of our school. Please check off the contribution(s) that you would be willing to make to our school.

Name of Parent/Guardian _____
Home Phone _____
E-Mail Address _____
Child/Children's Name _____

____ I am interested in joining and/or learning more about the **Education Committee and/or the Parent Support Team** (meetings about once a month, set policy, implement programs, evaluate and develop curriculum, staff support and development, troubleshoot school issues, etc).

____ I am interested in helping with the **youth group** programs for Sinai Superstars (grades 3, 4 & 5) the Junior Youth Group (grades 6, 7, & 8) or the senior youth group (grades 9, 10, 11, 12). Each group has an advisor, but needs occasional assistance in chaperoning or facilitating events.

____ I am interested in helping my child's Sunday school teacher with classroom projects on the theme of **Building Community**.

____ I am interested in helping my child's Sunday school teacher with classroom **Shabbat** lessons or the class Shabbat service. This could include D'var Torah, crafts, cooking, organizing a class dinner or helping with dramatic presentations.

____ I am willing to be listed as a possible **substitute teacher** for the following:

____ Wednesday Hebrew classes

____ Wednesday Bar/Bat Mitzvah tutoring

____ Sunday Confirmation Class

____ Sunday Judaica Class

____ Sunday Music Class

Substitute teachers are compensated for their time. The classroom teacher will provide the substitute with a lesson plan and the necessary materials for the lesson.

____ I am willing to be a **Hebrew or Bar/Bat Mitzvah tutor**. Arrangements for compensation of the tutors are made by the student's family.

____ I am willing to **assist with set-up and clean-up** at special Sunday **school events**, such as field trips, Hanukah, Passover and Purim programs.

____ I am willing to **share my skills/interests** by leading or assisting a teacher with the following special activity (please elaborate)

____ I am willing to assist our Judaica teachers with a classroom **cooking** projects.

____ I am willing to assist our Judaica teachers with a classroom **art** projects.

2009-2010 TEMPLE SINAI RELIGIOUS SCHOOL REGISTRATION PRIVACY POLICY

Consent to Include Personal Photographs and Information on Temple Sinai Electronic and Hard Copy Publications

The benefits of our electronic age are often overshadowed by the widespread release of privacy information and photographs, which may be meant for only limited distribution. Individuals have different levels of concern, with higher level of concerns regarding photographs and names of children. It is therefore appropriate to develop a policy for the release of photographs and information where privacy may be compromised.

As background information, some private information is readily available for adults, at no cost, on the Internet. Information (via a search on 'white pages') includes age, current and past addresses, and phone number (if listed). Even if a phone number is unlisted, the age and address of the individual may be available. For a moderate fee, additional information can be obtained. As such, this policy provides an increased sensitivity regarding the release of photographs and information of individuals who are younger than 18 years old.

Consent to publish photographs, names, home addresses, phone numbers and e-mail addresses of individuals 18 years or older will be assumed unless the Temple is notified otherwise. Notification must be made in writing.

Consent to publish photographs of individuals younger than 18 years old, where faces are not recognizable and names are not included, will also be assumed unless the Temple is notified otherwise.

Parental permission to publish photographs and/or information of their child younger than 18 years old must be obtained either verbally or in writing. The originator of the photograph and/or information is responsible to obtain and document this permission. A means to obtain consent includes a line item on Temple Sinai Hebrew/Sunday school registrations.

I HAVE READ THIS POLICY AND MY SIGNATURE BELOW *INDICATES MY CONSENT TO INCLUDE MY CHILD/CHILDREN'S PHOTOGRAPHS IN TEMPLE SINAI'S ELECTRONIC OR HARD COPY PUBLICATIONS*

SIGNATURE _____ DATE _____

OR

I HAVE READ THIS POLICY. *I DO NOT WANT TEMPLE SINAI TO INCLUDE MY CHILD/CHILDREN'S PHOTOGRAPHS IN TEMPLE SINAI'S ELECTRONIC OR HARD COPY PUBLICATIONS*

SIGNATURE _____ DATE _____

AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS

If your child needs medical, dental, health or hospital services, under the law, you as a parent must give permission. Naturally, if you are with your child you can give permission as the need arises. You can prepare for those unexpected times when you are not with your child by filling out this authorization form. Using this form, you can give permission to other adults to act for you, in your absence, regarding the treatment of your child.

This is a legal document. After you complete the form, give a copy to each adult you have named

to act on your behalf. If your child needs unexpected medical treatment, the responsible adult should present this document to the appropriate person-physician, dentist or hospital representative.

When a true emergency exists, a child may be treated without parental consent. This will happen only when a physician determines the child needs immediate medical care and an attempt to obtain parental consent would result in a delay which would increase the risk to the child's life or health.

COMPLETE A SEPARATE FORM FOR EACH CHILD

IDENTIFICATION

Name of minor _____ Date of Birth _____
Known allergies _____
Special conditions _____
Date of last Tetanus shot _____

FAMILY PHYSICIAN

Name _____ Phone Number _____
Address _____

HOSPITALIZATION COVERAGE FOR ABOVE NAMED MINOR

Insurance company _____
I.D. or contract number _____

I, being the parent of custody or legal guardian of the above named minor, do hereby appoint **TEMPLE SINAI RELIGIOUS SCHOOL, 509 BROADWAY, SARATOGA, NY 12866** to act on my behalf in authorizing unexpected medical, dental or surgical care, or hospitalization for the above named minor in my absence.

Signature of parent/guardian

Date _____
Address _____
Home Phone Number _____
Cell Phone Number _____

Signature of witness

Date _____
Address _____
Home Phone Number _____
Cell Phone Number _____

THIS FORM IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE SIGNED.