

FAMILY NAME: _____

Please complete all required fields, marked with*. If you have more than 3 children to enroll, please provide their information in a separate form.

	PARENT 1	PARENT 2
Name*		
Street Address*		
City, State, Zip*		
Home Phone*		
E-mail*		
Work Phone		
Cell Phone*		

	CHILD 1	CHILD 2	CHILD 3
LAST NAME*			
FIRST NAME*			
BIRTH DATE*			
GRADE LEVEL IN 2010 – 2011*			
NAME OF PUBLIC OR DAY SCHOOL*			
K-4th Sunday 8:45 – 10:45 AM (Indian Trail, Oak Terrace, Sherwood, Wayne Thomas, Glencoe, Lake Forest, Northbrook, Wilmette and Winnetka public schools)			
K-4th Sunday 11:00 AM – 1:00 PM (Braeside, Lincoln, Ravinia, Red Oak public schools, Bannockburn, Deerfield, Riverwoods or any other not mentioned suburb schools)			
2nd - 4th Grade PACE Mitzvah (takes place on Sundays, refer to specific days)			
3rd - 4th Grades Hebrew 4:15 – 5:15 PM (enter day: M/T/W/TH)			
3rd Grade Hebrew Wednesday 5:15 – 6:15 PM			
4th Grade Hebrew Tuesday 5:15 – 6:15 PM			
5-6 Grades M&W 4:15 – 6:15 PM (Elm Place, Indian Trail, Northwood, Oak Terrace, Sherwood, or Wayne Thomas schools Glencoe, Northbrook, Wilmette, Winnetka, and all other suburbs not listed elsewhere)			
5-6 Grades T&TH 4:15 – 6:15 PM (Braeside, Lincoln, Ravinia, Red Oak, or Edgewood schools Bannockburn, Deerfield, Riverwoods)			
6th Grade TAG (refer to specific days)			
7th Grade 4:15 – 6:15 PM (enter day: Mon or Tues)			
8th Grade Mitzvah Corps (refer to specific days)			
9 – 10 Grades Sunday mornings			
11 – 12 Grade North Shore Seminar (refer to specific days)			
Friendship request (enter one per child)			
OFFICE USE ONLY	Priority Date:	Payment Received:	Religious School Assignment
			Hebrew School Assignment
			Tuition Charge

Parent Volunteer Name _____

- I am interested in becoming a room parent - _____ Grade
- I am interested in helping with the Purim carnival
- I am interested in organizing Shabbat dinners

Emergency Contact other than parents:*

Name _____
Relationship to child(ren) _____ Phone Number _____

Emergency Medical Release and Information*

I hereby give my consent to the NSCI School Principal, or person designated as such, to make available to my child(ren)

First and Last Name(s)

professional emergency medical care if such care is indicated. Emergency care includes transportation to a hospital, x-rays, routine tests, and treatment, including hospitalization if indicated. I further give my permission to release any records necessary for insurance purposes and to those medical practitioners providing emergency medical services.

It is understood that a conscientious effort will be made to notify me (or my spouse) before such action is taken. It is further understood that every effort will be made to contact our family physician prior to any treatment.

However, in the event this is not possible, I give my permission for my child to receive medical care by any doctor, nurse, paramedic, or member of a medical staff licensed by the State of Illinois.

This is to certify that my child/children _____
First and Last Name(s)

is/are in good physical health and given my permission to participate in all activities that are part of the regular Religious and Hebrew School program.

Signature of Parent

PHYSICIAN'S NAME _____

PHYSICIAN'S PHONE NUMBER _____

Name and phone number of Physician, if different for other child/children (please mention what child/children)

Media Release*

From time to time we take pictures or make videos of our school programs. These images are used to decorate our walls, and to publicize school and synagogue programs in print and on the website. Names are not publicized on the website. Please sign this form if you agree to allow us to use pictures and videos of your child/children for these purposes.

I hereby grant North Shore Congregation Israel permission to record and use photograph(s)/video(s) of my child/children

Type first and last name(s)

in any medium for educational, promotional, or other purposes that support the mission of the congregation.

Signature of Parent

Comments in case you do not give your permission:

Covenant for a positive and safe learning environment:*

In the Veahavta prayer, the second paragraph of the Sh'ma, that is recited at every service, we are commanded to show our love for God by teaching words of Torah "faithfully to your children." (Vshinantem Levanecha) The process of Jewish education for the next generation is a sacred commitment, a part of the covenant between God and the people of Israel. A covenant is a traditionally Jewish way of affirming mutual ethical obligations, through mutual consent. We are inviting you to participate in the Jewish religious education of your child, and to join our teachers in making your child's experience at North Shore Congregation Israel Goodman Center for Jewish Education a positive, safe, and transformative one. Please join us in this holy task. Review this covenant with your child/children and discuss its importance.

ARRIVING AT SCHOOL

There will be changes in the traffic pattern and school entrance in 2010-2011. Instructions for appropriate parking lot etiquette will be shared with you before the start of the school year.

BEING AT SCHOOL

Regular attendance facilitates good learning. Students should make every effort to attend all classes and special events. Teachers will assign make up work for missed sessions. If student attendance falls below 80%, make-up work must be completed in order to meet grade level requirements.

Attendance at Religious School is complemented by regular attendance of your family at Shabbat services.

BEHAVING AT SCHOOL

In order for children to benefit from their religious education, students are expected to behave in a manner showing respect to their peers, their teachers, and the synagogue facility. In this regard, children should not come to school with anything that can be of danger to themselves or their peers. While it is our intent to keep students in school, they will not be allowed to remain in classes where they are interfering with instruction. Parents will be notified if their child's behavior requires that he/she be asked to leave the classroom.

Specific guidelines for facility care, movement around the building, and food in the classrooms will be shared with children and teachers. The school faculty looks to parents as our partners in maintaining the kind of learning environment that reflects the dignity of North Shore Congregation Israel.

We the undersigned agree to respect the attendance, behavior, parking lot, and building safety rules outlined above as our part in the covenant to provide a positive and safe environment for learning at North Shore Congregation Israel Goodman Center for Jewish Education.

I HEREBY AFFIRM THAT I/WE HAVE READ AND DISCUSSED THIS DOCUMENT IN THE PRESENCE OF OUR CHILD/CHILDREN

Signature or Parent

Technology Agreement for grades 3-10

Technology is to be used for:

1. Class assignments or in support of such activities.
2. Research consistent with the goals and purposes of the classroom assignments.

Rules for the use of technology:

1. I will only use a computer with teacher permission.
2. I will only use a computer with an adult being present.
3. I will use the computer and the Internet only for school-related and other teacher approved activities.
4. I will not give out my (or anyone else's) personal information including my name, address, telephone numbers, birth date, social security number, credit card numbers, photographs, or physical description. I will not give out false information.

5. An e-mail address may only be disclosed when approved by my teacher in conjunction with an approved "key pal" program.
6. I will always respect the privacy of files of other users. I will not enter the file areas of others without permission from them. I will never tamper with, modify, or delete the work of others.
7. I will respect, and not alter cabling, hardware, software, or data.
8. I will not bypass any security measures installed on the computers.
9. I will respect copyright laws. Therefore I will not copy, install, or download any software on or from the computers without permission.
10. I understand that anything I write or create on a computer might be read by anyone in the NSCI community, and will use appropriate language at all times.
11. I will not participate in the acquisition, creation, or distribution of advertising computer 'worms' or 'viruses' or 'chain-letters' or other messages/files that could cause congestion on or failure of the system or any computing equipment, whether attached to the system or not.
12. I will not participate in any chat rooms, instant messaging or read my personal email.
13. If I use the words, ideas, or pictures of another person, I will give that person credit.
14. I understand that if I do not follow these rules I will lose my computer privileges and I may be subject to further disciplinary and /or legal proceedings.

I HEREBY AFFIRM THAT I/WE HAVE READ AND DISCUSSED THIS DOCUMENT IN THE PRESENCE OF OUR CHILD/CHILDREN

Date _____

Signature or Parent _____

REGISTRATION DEADLINE IS JULY 15, 2010

YOUR REGISTRATION **WILL NOT** BE PROCESSED UNTIL **YOUR PAYMENT OF AT LEAST 50% AND ALL COMPLETED REGISTRATION FORMS** HAVE BEEN RECEIVED BY OUR OFFICE. YOU NEED TO BE A MEMBER IN GOOD STANDING TO REGISTER. **\$25 LATE FEE PER CHILD WILL BE APPLIED AFTER JULY 15.** SHOULD YOU NEED SPECIAL ASSISTANCE WITH TUITION PLEASE CONTACT SERANE BLATT AT 847-835-0724. UNFORTUNATELY, WE CANNOT PROVIDE FULL TUITION ASSISTANCE. APPLICATION FORMS FOR SCHOLARSHIPS MUST BE RENEWED ANNUALLY.

Registration Fees:

Kindergarten	\$365
K (graduate of GOL)	\$75 (cost of supplies)
1 st Grade	\$365
2 nd Grade	\$365
3 rd Grade	\$715
4 th Grade	\$715
5 th Grade	\$820
6 th Grade	\$820
7 th Grade	\$710
8 th Grade	\$455
9 th Grade	\$380
10 th Grade	\$495
11 th – 12 th Grade	\$155

Special Needs Form (optional)

To help us program successfully for your child, please complete the following questionnaire and return it with your registration form. If your child has special needs in any of these areas, please check the item and add any additional pertinent information. **Please notify the school of any changes during the year in order that we can best serve your child. This information will not become part of any school record and will remain confidential.** The Director of Religious Education will be custodian of these forms and will share them only when needed and with specific suggestions for the classroom teacher. If you need additional space please use reverse side of paper. Thank you for your cooperation.

Student's Name

GRADE as of September 2010

Parent's Name

Phone Number

_____ Allergies: Should your child avoid certain foods or activities? Do allergies interfere with your child's alertness or hearing during some seasons?

Comments:

_____ Learning or Reading Disabilities: Should we modify any reading or writing expectations? Are there approaches, which would help your child learn better?

Comments:

_____ Social or Emotional Difficulties: Should we be extra sensitive to your child's social interactions? Are there other children with whom your child has particularly poor social interaction?

Comments:

_____ Physical or Medical Problems: Does your child take any medications for Attention Deficit Disorders or emotional concerns such as depression? Does your child require preferential seating because of hearing or vision?

Comments:

_____ Family Problems: Have there been any family changes such as illness, death, divorce, moves, or income status that may have a negative impact on your child's attention and school performance?

Comments:

_____ **I would like to be contacted personally by my child's teacher.**