

BETH AM TEMPLE

60 E Madison Avenue • P.O. Box 1200 • Pearl River, NY 10965
www.BethAmTemple.org
(845) 735-5858

RELIGIOUS SCHOOL REGISTRATION 2024-2025 (5784-5785)

STUDENT INFORMATION

Last Name _____ First Name _____ Hebrew Name _____
Primary Cell Phone _____ Primary Home Phone _____
Primary Address: Street _____
City, State, Zip _____
Date of Birth _____ (mm/dd/yyyy) Secular/Primary School _____
Grade (as of Sept 2024) _____
Student's Email (if applicable) _____
Will this year be the student's first in a formal religious education program? Yes No
Will this year be the student's first in the Beth Am Temple Religious School? Yes No

PARENT/GUARDIAN INFORMATION

Please write "NJ" if not Jewish

Parent/Guardian 1 Name _____	Parent/Guardian 2 Name _____
Hebrew Name _____	Hebrew Name _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Home Phone _____	Home Phone _____
Email _____	Email _____

At least one parent/guardian must be provided for each student. Beth Am Temple Religious School will consider Parent/Guardian 1 as the primary adult contact with regard to all school matters.

With whom does the student primarily live?

both parents/guardians, together both parents/guardians, separately
 Parent/Guardian 1 Parent/Guardian 2

If there is an alternate address where the student spends a considerable amount of time, especially on days when they attend Religious School, please provide it here:

Address _____

Which adult lives at this address? _____

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Student Name _____

LEARNING INFORMATION

Please indicate the student's learning style (check all that apply):

Auditory Kinesthetic Visual Tactile Other

If other, please describe: _____

Does the student have any special learning needs of behavioral issues/concerns? If so, please describe and note any successful strategies utilized in other school settings.

Does the student have any documentation (IEP, 504, etc.) of special learning arrangements or accommodations? If so, please forward to the Religious School office so that the school can offer the student the most positive learning experience. Yes No

HEALTH & SAFETY INFORMATION

Does the student have any physical or mental health considerations? Please note any regular ailments and medications, chronic conditions, unique family situations, allergies to food/medications, or anything else that the administration and staff should be made aware of. Please also note any treatment strategies should the need arise.

Who is the student's primary care physician?

Name _____

Practice _____

Address _____

Phone _____

In the event that the student's parent(s) cannot be reached, please contact one/both of the following emergency contacts:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

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Student Name _____

ADULT INVOLVEMENT

To enrich your child(ren)'s experience at Religious School, please choose at least one of the following ways to get involved during the upcoming school year:

Religious School Committee: Assist with overall vision of school, creating and implementing policies and procedures, advising Religious School Principal.

Class Parent: Communicate with families in your child's class and help coordinate volunteers for events.

Shabbat/Holiday Celebrations Team: Help organize and publicize grade level Shabbat dinners, as well as Shabbat morning lunches and holiday snacks.

Fundraising Team: Help create and oversee new fundraising efforts for the school.

Media Team: Help with photography and/or videography during the year.

Creative Team: Help with activities like graphic designing, some hallway bulletin boards, and decorating for holidays.

PERMISSIONS & AUTHORIZATIONS

Yes or No: I authorize Beth Am Temple and its agents to act for me in accordance with their best judgement in case of an emergency. It is my understanding that all accidental health care and medical attention while my child is at school or on a school-sanctioned program off-site will be billed to me.

Yes or No: I give permission for photographs, slides, videos, or audiotapes of my child to be used for our website, public relations purposes, and promotion of Beth Am Temple and our school.

Yes or No: I authorize, and give permission, for my basic contact information to be released to other families in the Religious School and/or temple community.

Form submitted by _____ (print name)

Signature _____ Date _____

RELIGIOUS SCHOOL REGISTRATION 2024-2025 (5784-5785)

RELIGIOUS SCHOOL FEES

FREE TUITION FOR GRADES K-3

For this Religious School year, tuition will be free for all students in grades K-3. Temple membership is required once a student begins 3rd grade.

TEMPLE MEMBERS

Your membership **MUST** be in **GOOD STANDING** in order to register your child in the Religious School. Participation in Religious School is contingent upon the family remaining a member, in good standing, throughout the school year.

<u>Grade</u>	<u>Tuition</u>
Kindergarten	None
Grades 1 & 2	None
Grade 3 *	None
Grade 4 & 7	\$1090
Grade 5 & 6 **	\$1220
Grades 8,9,10 (Hebrew High) ***	None

* Temple membership is required starting in 3rd grade

** A Bar/Bat Mitzvah Preparation Fee of \$750 is payable in full with 6th grade tuition.

*** Hebrew High students have additional fees for Confirmation and Post Confirmation RAC trip and the Erev Shavuot/Confirmation Kiddush.

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The Expected Schedule of Classes for the School Year

Kindergarten meets weekly on Sundays, 9-11am

1st Grade meets weekly on Sundays, 9-11am

2nd Grade meets weekly on Sundays, 9-11am

3rd Grade meets weekly on Sundays, 9-11am

4th Grade meets twice a week, Sundays, 9-11am, and Tuesdays, 4:15-6:15pm

5th Grade meets twice a week, Sundays, 9-11am, and Tuesdays, 4:15-6:15pm

6th Grade meets twice a week, Sundays, 9-11am, and Tuesdays, 4:15-6:15pm

7th Grade meets twice a week, Sundays, 9-11am, and Tuesdays, 4:15-6:30pm

8th & 9th Grade "Hebrew High" meets weekly on Tuesdays, 4:15-6:30pm

10th Grade "Confirmation" meets weekly on Tuesdays, 6:30-8pm