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Halli Steinberg, Director of Education and Youth Programming
Barry M. Lutz, Rabbi



Dear Parents,

Enclosed you will find the Class Placement Request Forms for the 2010/2011 school year. These forms are accepted on a first come, first served basis, contingent upon meeting the requirements that are noted on the bottom of the class schedule. These requirements, along with class schedules and codes, are located on the back of this letter. Placement requests are filled once all conditions for continued enrollment have been met. Please review these conditions carefully in order to facilitate the processing of your request.

We have provided you with the spaces in which to indicate any requests you might have for your child's placement. We request that you list the names of only two (2) other students with whom you wish your child to be placed. **We will only consider the first two (2) names listed on your class placement request.** Our goal is to provide the best environment for each child!

For the convenience of families enrolling more than one child in the religious school, we have included a page with three (3) placement request forms. **You only need to fill out one (1) form for all children you wish to enroll.** In order to proceed with your request, the Class Placement Request must be accompanied by the Annual Registration Fee of \$35.00. Please note that the \$35.00 registration fee is for each family, NOT for each child. **There is also a \$60.00 Supply Fee PER child for text books, materials and supplies that are needed during the course of the school year.** In order to insure that your children are properly placed into a class, we need to have your forms into the school office no later than July 15, 2010. The registration fee will increase to \$45.00 on July 16, 2010. Receiving registration by the due date allows for adequate time to appropriately place students and hire faculty.

Legal requirements dictate that forms must be renewed each year. Enclosed with this packet you will find a Family Information Form for each child in your household, and that each form contains information that you have previously submitted to the school office. Please look over this information very carefully, correct any mistakes and add any missing information. Then, sign the Consent to Emergency Care and return everything to the school office by July 15, 2010.

Finally, before returning your packet, use the enclosed check list to make sure that all necessary items have been turned in. Remember, we cannot process your registration packet until all items indicated on the check list are returned.

I look forward to our continued celebration of Jewish learning and living!

B'Shalom,

Halli Steinberg
Director of Education

**2010-2011 RELIGIOUS AND HEBREW SCHOOL
CLASS PLACEMENT REQUEST INSTRUCTIONS**

CLASS SCHEDULES

Availability of all classes is dependent upon enrollment

RELIGIOUS SCHOOL CLASSES

K1	Kindergarten	Sunday 9:00-11:00 a.m.
1A	1 st Grade	Sunday 9:00-11:00 a.m.
2A	2 nd Grade	Sunday 9:00-11:00 a.m.
3A	3 rd Grade	Sunday 9:00-11:00 a.m.

HEBREW SCHOOL CLASSES

H1A	4 th Grade – Aleph	Sunday 9:00-11:30 a.m. Wednesday 4:00–6:30 p.m.
H2A	5 th Grade – Bet	Sunday 9:00-11:30 a.m. Wednesday 4:00–6:30 p.m.
H3A	6 th Grade – Gimmel	Sunday 9:00-11:30 a.m. Wednesday 4:00–6:30 p.m.
H4A	7 th Grade – Dalet	Sunday 9:00-11:30 a.m. Tuesday, 5:30-8:00 p.m.

TAS HIGH CLASSES

8A	8 th Grade	Tuesday, 6:00-8:00 p.m.
9A	9 th Grade	Tuesday, 6:00-8:00 p.m.
10A	10 th Grade	Tuesday, 6:00-8:00 p.m.
11A	11 th Grade	Tuesday, 6:00-8:00 p.m.
12A	12 th Grade	Tuesday, 6:00-8:00 p.m. Last Tuesday of the month

The following contingencies affect all class placement requests:

1. Placement requests will not be processed until your Temple account is current.
2. All requests must be accompanied by a \$35.00 non-refundable non-transferable registration fee per family before July 15, increasing to \$45.00 beginning July 16 and a \$60 Supply fee PER CHILD for text books, materials and supplies.
3. Class placement requests must be accompanied by the Family Information Form, Parental consent to Emergency Care and School Disaster Release Forms. Legal requirements dictate that these forms be renewed each year.

TAS RELIGIOUS AND HEBREW SCHOOL CLASS PLACEMENT REQUEST FORM

Please list each of your children in a separate section.

To list your class request, use the class codes noted in the Class Schedule box on the reverse side of the cover letter.

Student's name _____
Last First

Parent's name _____
Last First

Use the lines below to request TWO students with whom your child would like to be in class.

1. _____ 2. _____

Class Request- use class
code

TAS RELIGIOUS AND HEBREW SCHOOL CLASS PLACEMENT REQUEST FORM

Please list each of your children in a separate section.

*To list your class request, use the class codes noted in the Class Schedule box on the reverse side of the second cover letter.

Student's name _____
Last First

Parent's name _____
Last First

Use the lines below to request TWO students with whom your child would like to be in class.

1. _____ 2. _____

Class Request- use class
code

TAS RELIGIOUS AND HEBREW SCHOOL CLASS PLACEMENT REQUEST FORM

Please list each of your children in a separate section.

*To list your class request, use the class codes noted in the Class Schedule box on the reverse side of the second cover letter.

Student's name _____
Last First

Parent's name _____
Last First

Use the lines below to request TWO students with whom your child would like to be in class.

1. _____ 2. _____

Class Request- use class
code

TEMPLE AHAVAT SHALOM

RELIGIOUS SCHOOL

REGISTRATION CHECK LIST

Please be sure that each form is completed and returned to the Religious school office along with your non-refundable deposit of \$35.00 per family and your \$60.00 Supply Fee PER child for text books, materials and supplies by July 15, 2010 for priority enrollment! This deposit will reserve a space for your child and must accompany these forms. After the deadline, the registration fee increases to \$45.00.

Have you completed the following.....

- Class Placement Form (green form)
- TAS Family Information Form (*1 form per child for returning students. Correct any errors and add any new information.*) (yellow form)
- TAS Parental Consent To Emergency Care Form (*1 form per child for returning students. Correct any errors and add any new information. Be sure to sign for each child.*) (yellow form)
- TAS Religious School Disaster Form (*1 form per child for returning students. Correct any errors and add any new information. Be sure to sign for each child.*) (pink form)
- TAS Photographic/Video Release Form (marigold form)
- TASTY/Club 45 Emergency Release Form for 4th – 12th graders (heather gray form)
- TAS Volunteer Form (blue form)
- \$35.00 Registration fee PER family **before July 15th for priority enrollment** or \$45.00 Registration fee per family **after July 16th.**
- \$60.00 Supply Fee PER child for text books, materials and supplies** (waived for 12th graders)
- Is your E-mail Address printed legibly on the Family Information Form?

TAS FAMILY INFORMATION
School Year 2010 – 2011 - One form per Family

Parents Information

Parent #1 _____
Last Name *First Name* *Work Phone* *Home Phone*

_____ *Cell Phone* *E-mail Address*

Parent #2 _____
Last Name *First Name* *Work Phone* *Home Phone*

_____ *Cell Phone* *E-mail Address*

Address _____
Street *City* *Zip*

Students Information

1. _____

2. _____

3. _____
Name (last, first) *Birth date* *Gender* *School*

Describe any physical or learning problems which might affect your child's performance and/or participation at school:

Name: _____ Description: _____

Name: _____ Description: _____

List any regular medications taken by your child(ren): _____

If parents are divorced or separated, please complete the following information:

Custodial Parent's Name, if applicable (please indicate if joint custody): _____

Do you wish all mailings regarding the child(ren) to go to both parties?: Yes No

If yes, please provide name and address of non-resident parent:

_____ *Name* *Home Phone* *Work Phone* *E-Mail address*

_____ *Address* *City* *State* *Zip*

Discuss any single-parent family arrangements which may affect attendance: _____

Step-parents Information

Step-parent #1 Name _____ Step-parent #2 Name _____

If you would like to discuss any of the above information confidentially with the Director of Education, please check

Yes No

(OVER)

TAS PARENTAL CONSENT TO EMERGENCY CARE FOR A MINOR 2010-2011

One form per family

Student's Name _____ Birth date _____

Student's Name _____ Birth date _____

Student's Name _____ Birth date _____

I, the undersigned parent/guardian of the above child(ren), authorize Temple Ahavat Shalom and its authorized representatives as agents for the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable to be rendered under the general or specific supervision of any licensed physician or dentist (under the provision of the California Medicine Practice Act and Dentist Practice Act) or the staff of a licensed hospital, whether such diagnosis, examination or treatment is rendered at the office of said physician, dentist or at such hospital.

It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment, or hospital care being required, and is given to provide authority and power of our above named agents to give specific consent to any and all such examinations, diagnosis, treatment, or hospital care which the aforementioned physician or dentist in the exercise of his best judgment may deem advisable.

It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. The authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Name of Parent (Please print): _____ Signature of Parent: _____

EMERGENCY INFORMATION

Address _____ City _____

Zip _____ Phone Number () _____

Parent #1 Name _____ Work Phone () _____

Alternate Number () _____ Cellular Phone Number () _____

Parent #2 Name _____ Work Phone () _____

Alternate Number () _____ Cellular Phone Number () _____

1. Emergency Name _____ Relationship _____ Phone () _____

2. Emergency Name _____ Relationship _____ Phone () _____

Doctor's Name _____ Doctor's Phone Number () _____

Insurance Name _____ Policy Number _____

Dentist's Name _____ Dentist's Phone Number () _____

Insurance Name _____ Policy Number _____

(OVER)

TAS RELIGIOUS SCHOOL
DISASTER RELEASE FORM 2010 - 2011
One form per Family

Child(ren)'s Name(s) _____

IN THE EVENT OF A MAJOR DISASTER OR EMERGENCY,
I HEREBY GIVE MY PERMISSION FOR TEMPLE AHAVAT SHALOM
TO RELEASE MY CHILD TO THE CUSTODY OF: (please print clearly)

1. _____ 3. _____
2. _____ 4. _____

NOTE: THE ABOVE PERSON MUST BRING OFFICIAL IDENTIFICATION (I.E. DRIVER'S LICENSE) IN ORDER FOR YOUR CHILD TO BE RELEASED TO HIM/HER.

In the event of an earthquake, direct phone contact may not be possible. However, it may be possible to reach out-of-state contacts. Please list an out-of-state phone contact (if you have one):

Name _____ Relationship _____ Phone _____

Parent Signature _____ Date _____

Please supply two telephone numbers that will be entered into the automated emergency calling system. When implemented in a major emergency, only these two numbers will be called to notify you and give you instructions.

Telephone Number #1 _____ Telephone Number #2 _____

OFFICE USE ONLY

This portion of this release form is to be completed following an emergency/disaster.

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

THE ABOVE LISTED STUDENTS WERE RELEASED TO:

NAME _____ PHONE () _____ TIME _____ AM / PM

DESTINATION AND PHONE NUMBER OF DESTINATION: _____

FORM OF I.D. AND I.D. NUMBER: _____

FURTHER INFORMATION: _____

Temple Ahavat Shalom Photographic/Video

Release for Children

I hereby give my consent for my child to be photographed and/or videotaped for use by Temple Ahavat Shalom (TAS) in the production of any and all media for marketing purposes. This may include use of my child's image on TAS's printed materials, website, and social networking sites such as Facebook.

In giving my consent for my child's photograph or video to be used by TAS, I waive any current and future claims against TAS, financial and otherwise, and release TAS from any obligations to me currently or in the future for compensation for use of my child's photographic image or likeness.

Child's Name (please print) _____

Parent Name (please print) _____

Parent Signature _____ Date _____

Senior TASTY, Junior TASTY & Club 45 Emergency Release Form

For 4th – 12th graders - One form per family

Student's Name _____ Birth date _____ (circle one) Sr. Jr. Club 45

Student's Name _____ Birth date _____ (circle one) Sr. Jr. Club 45

Student's Name _____ Birth date _____ (circle one) Sr. Jr. Club 45

I, the undersigned parent/guardian of the above child(ren), authorize Temple Ahavat Shalom and its authorized representatives as agents for the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable to be rendered under the general or specific supervision of any licensed physician or dentist (under the provision of the California Medicine Practice Act and Dentist Practice Act) or the staff of a licensed hospital, whether such diagnosis, examination or treatment is rendered at the office of said physician, dentist or at such hospital.

It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment, or hospital care being required, and is given to provide authority and power of our above named agents to give specific consent to any and all such examinations, diagnosis, treatment, or hospital care which the aforementioned physician or dentist in the exercise of his best judgment may deem advisable.

It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. The authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

I give my permission for my child(ren) _____ to participate in all TAS programs, activities and events and do release Temple Ahavat Shalom and its representatives from all liability arising out of my child's participation.

Parent Name (Please print) _____ Parent signature _____ Date _____

Code of Conduct

I will promote the creation of a youth community based on mutual respect and a sense of personal well-being. I will treat others with honor and respect. I have read the following rules, designed to promote the health and safety of all event participants, and have indicated my complete acceptance with my signature and that of my parent/guardian.

I will not possess, consume, or distribute alcoholic beverages while attending TAS Youth Group events.

I will not possess, use, or distribute any illegal drug or drug paraphernalia.

I will not smoke or consume or distribute tobacco products at any time.

I will not bring or use any weapons, firearms, or anything that may be construed as a weapon.

I will not commit any illegal act. I understand that vandalism, disturbing the peace or other inappropriate behavior as determined by the chaperones will not be tolerated. I understand that I will have to pay for any damages that I cause. I understand that no gambling is allowed.

I will not participate in any activities that could be deemed as hazing, sexually harassing, demeaning, or hurtful.

I agree to abide by any additional rules, pertinent to the specific event, which may be announced, and to accept the consequences of their violation.

I will attend and participate fully in the entire event, unless otherwise agreed upon with my chaperone or guardian. I will arrive on time, stay to the end, and remain on the event premises at all times.

I understand that these rules of behavior apply from the time I leave home for the event, during the event itself, and until I return home after the event.

We understand that part of the Youth Group experience involves activities and interactions that may be new for my child. These things come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk free and so I have to instruct my child on the importance of abiding by the Code of Conduct. My child and I both agree that he or she is familiar with these rules and will obey them. We further understand that sanctions imposed by any chaperone for any violation could include immediate expulsion from the event, at the expense of the parent or guardian.

Student's Name _____ Student signature _____

Student's Name _____ Student signature _____

Student's Name _____ Student signature _____

Parent Name _____ Parent Signature _____

Home Phone # _____ Cell Phone # _____

Allergies _____ Insurance & card number _____

Physician's Name _____ Phone # _____

TEMPLE AHAVAT SHALOM
RELIGIOUS SCHOOL
Parent Volunteer Sign-up Form
2010 - 2011

A successful school year depends upon your active participation. We are asking each family to help serve on any of the following committees. Please choose from the list below and return this form to the school office along with your registration forms.

Name _____ Phone _____

Child(ren)'s name _____

Please check where interested:

- * Room Parent (indicate which class) _____
Includes helping with class activities, making phone calls, etc.
- * Holiday Celebrations:
Hanukkah parties, Model Seders, etc.
- * School Fundraisers
- * Teacher Appreciation Week
- * Family PACE Program - Parent And Child Education: Primary, (K-3)
- * Family PACE Program - Parent And Child Education: Aleph (4th)
- * Family PACE Program - Parent And Child Education: Bet (5th)
- * Family PACE Program - Parent And Child Education: Gimmel (6th)
- * B'nai Mitzvah Shabbaton: Fall
- * B'nai Mitzvah Shabbaton: Winter
- * B'nai Mitzvah Shabbaton: Spring
- * Confirmation (11th Grade only) Dinner
- * Religious School and Youth Advisory Board
Meets every other month, advises Director on policy decisions
and general school functioning
- * Library