

**REGISTRATION FORM FOR THE SCHOOL YEAR 2009-2010**

(A separate Registration Form must be completed for each child)

Student's English Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Student's Hebrew Name \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Office Phone (Father) ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Office Phone (Mother) ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Father's Name

English \_\_\_\_\_ Hebrew \_\_\_\_\_

Occupation \_\_\_\_\_

Mother's Name

English \_\_\_\_\_ Hebrew \_\_\_\_\_

Occupation \_\_\_\_\_

E-mail address \_\_\_\_\_

*We would like to compile a school directory, if you do not want your name to appear, please check this box. [ ] I do not wish to have my name in the directory*

Child's Grade in Secular School as of September, 2009 \_\_\_\_\_

Secular School \_\_\_\_\_

Child's Previous Hebrew Education: Number of Years \_\_\_\_\_

School(s) \_\_\_\_\_

Registering student for Grade (Please Circle) K 1 2 3 4 5 6 7

Is there anything special we should know about your child?

Are you a member of Beth Sholom Congregation and Talmud Torah? \_\_\_Yes \_\_\_No

Would you like membership information? \_\_\_Yes \_\_\_No

Are you currently a member of another synagogue? \_\_\_No \_\_\_Yes, Name of Synagogue \_\_\_\_\_

Are parents and child Jewish by birth? \_\_\_Yes \_\_\_No, Please explain \_\_\_\_\_

**2009 – 2010 SCHOOL YEAR  
TUITION\***

**MEMBER RATE\*\***

	Early Enrollment Rate by 6/12/2009***	Registration After 6/12/2009
Grade K	\$915	\$1005
Grades 1 -2	\$965	\$1060
Grades 3 -7	\$1500	\$1605

**NON-MEMBER RATE**

	Early Enrollment Rate by 6/12/2009***	Registration After 6/12/2009
Grade K	\$1100	\$1210
Grades 1 -2	\$1170	\$1290
Grades 3 -7	\$1825	\$2005

\* Tuition includes the Registration Fee and the Books and Materials Fee.

\*\* A family that can demonstrate that it is a member in good standing of another Jewish congregation for at least one year can pay the member rate at the Beth Sholom Talmud Torah.

\*\*\* PLEASE NOTE: The EARLY ENROLLMENT RATE provides for a significant (10%) savings for each child, if the following are received in the Beth Sholom office on or before June 12, 2008:

- ◆ Enrollment Form
- ◆ Registration Form
- ◆ Tuition Agreement Form
- ◆ Emergency Contact Form for each child
- ◆ 50% of tuition

**B'NAI MITZVAH PROGRAM:** Talmud Torah students may have a Bar / Bat Mitzvah at Beth Sholom. For tutoring information, please contact our B'nai Mitzvah Tutor, Nate Orlowek, at 301.279.7010 ext. 300 or email [norlowek@bethsholom.org](mailto:norlowek@bethsholom.org).

**ENROLLMENT FORM  
2009 – 2010 SCHOOL YEAR**

PARENTS' NAMES: \_\_\_\_\_

REGISTRATION DATE: \_\_\_\_\_

(To qualify for EARLY ENROLLMENT RATE, all completed forms and payment of 50% of tuition must be received by the Beth Sholom office on or before 6/12/2009).

HOME ADDRESS: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE:

(DAY) ( ) \_\_\_\_\_ (EVENING) ( ) \_\_\_\_\_

(CELL) ( ) \_\_\_\_\_

CHILD'S NAME	BIRTH DATE	SECULAR GRADE 9/09	TALMUD TORAH GRADE 9/09	MEMBER / NON-MEMBER	TUITION
1. _____	_____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	_____	\$ _____
Voluntary Tax Deductible Donation:					\$ _____
FINAL TOTAL:					\$ _____

\* All payments are non refundable with the exception of the cancellation of a class.

**2009 – 2010 SCHOOL YEAR  
Payment Plans**

\_\_\_\_\_ Option A: Payment in full, check due on or before June 12, 2009.

\_\_\_\_\_ Option B: Payment in full, credit card on or before June 12, 2009

\_\_\_\_\_ Option C: Payment in two (2) equal installments post dated checks due by:  
June 12, 2009 and July 31, 2009 or on dates arranged with office.

\_\_\_\_\_ Option D: Payment in two (2) equal installments, credit card due by:  
June 12, 2009 and July 31, 2009

I/We agree to all conditions and terms set in this agreement and authorize Beth Sholom Congregation and Talmud Torah to charge my credit card account or deposit my post dated checks on the dates indicated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Credit Card Authorization**

Card Type: [ ] VISA [ ] MasterCard [ ] Debit Card

Card# \_\_\_\_\_ Exp.Date \_\_\_\_\_ Amount \_\_\_\_\_

Name \_\_\_\_\_

Adresss \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY  
DATE REC'D \_\_\_\_\_  
TUITION PYMT \_\_\_\_\_  
CK NO. \_\_\_\_\_ CHARGE \_\_\_\_\_  
REC'D BY \_\_\_\_\_

**Beth Sholom Talmud Torah**

**Emergency Contact and Medical Information for a Child**

<hr/> Child's Name	<hr/> Date of Birth		M	F
			Sex	
<hr/> Parent's/Guardian's Name	<hr/> Parent's/Guardian's Name			
( )	( )	( )	( )	
<hr/> Home Phone	<hr/> Work Phone	<hr/> Home Phone	<hr/> Work Phone	
( )		( )		
<hr/> Cell Phone		<hr/> Cell Phone		
<hr/> Address	<hr/> Address			
<hr/> City, ST ZIP Code	<hr/> City, ST ZIP Code			

**Alternative Emergency Contacts**

<hr/> Primary Emergency Contact	<hr/> Secondary Emergency Contact
( )	( )
<hr/> Home Phone	<hr/> Home Phone
( )	( )
<hr/> Work Phone	<hr/> Work Phone
( )	( )
<hr/> Cell Phone	<hr/> Cell Phone
<hr/> Address	<hr/> Address
<hr/> City, ST ZIP Code	<hr/> City, ST ZIP Code

**Medical Information**

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Hospital/Clinic Preference

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Physician's Name	Phone Number
Insurance Company	Policy Number

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Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

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Parent's/Guardian's Signature	Date
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## *HIGHLIGHTS OF THE TALMUD TORAH:*

- **SMALL CLASS SIZES, AND A WARM, CARING, ENVIRONMENT:**  
Our small class sizes makes it possible for students to enter our Hebrew School at any level. The faculty can work the students individually to improve their Hebrew skills. The size of our school also makes it possible to provide the encouragement and caring to make Hebrew school memorable and enjoyable.
- **HEBREW PROGRAM:** Our school's Hebrew curriculum is premised on the principle that young children have a great facility to learn languages. Grades K – 3 therefore have between 30% and 50% more hours of weekly instruction than most Hebrew Schools. Our goal is for the children to complete the 7th grade Hebrew book by the end of 5th grade. This will allow them to learn Hebrew in 6th and 7th grade from primary sources (Tanach, Mishna, Newspapers, etc.)
- **PROFESSIONALLY-TRAINED TEACHERS:**
  - Helen Shulman – Kindergarten & First Grade: B.A. in Linguistics from Queen College, N.Y., Teaching Certificate in ESL. Helen attended Orot College for Women. She has taught in Nursery Schools and Talmud Torahs.
  - Ethel Goldwasser – Second & Third Grades: Ethel has been working with school age children for the last 22 years. For the last 12 years Ethel has been teaching Hebrew and Judaic Studies in the classroom.
  - Marla Sevi – Fourth & Fifth Grades: Teaching for over 40 years. Metro Washington Afternoon Hebrew Supplementary Schools; Educational Director: Metro Washington One Day Jewish Program; BS Elementary Education- Univ of Maryland, College Park, MA-Education and Human Development- George Washington Univ, Wash, DC, National Hebrew License; A graduate of the Beth Sholom Talmud Torah.
  - Nate Orlowek –Sixth and Seventh Grades: B.A., History, University of Maryland. Maryland State Teacher Certification in Secondary Education (Grades 5 - 12). Nate has taught in Jewish Day Schools and Hebrew Schools for 27 years. Nate takes great pride in being able to provide the individual Bar/Bat Mitzvah instruction offered to all of our students.
- **BAR/BAT MITZVAH PROGRAM:** Talmud Torah students may have a Bar / Bat Mitzvah at Beth Sholom. The program also includes a Jewish Identity Project and a Social Action Project.
- **NO SYNAGOGUE MEMBERSHIP IS REQUIRED FOR ANY GRADE**

<b>CLASS SCHEDULE</b>
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**Grades K-2** Sunday 9:00 a.m. – 12:00 p.m.

**Grades 3-7** Sunday 9:00 a.m. – 12:00 p.m.

Wednesday 4:15 p.m. – 6:15 p.m.