

Rabbi Jacob Herber
Rabbi Emeritus Herbert G. Panitch
Hazzan Jeremy Stein



Congregation Beth Israel

קהילת בית ישראל

Marvin & Marilyn Zetley Family Campus

Samara Sofian, Education Director
Anita Nagurka, Executive Director
Gayle Weber Rakita, President

May 13, 2010
29 Iyar, 5770

Dear Parents,

As we approach the end of the 5770/2009-2010 school year, preparations for the 5771/2010-2011 school year are well underway. Enclosed are the registration forms for the 5771/2010-2011 school year. Registration forms are due to the school office by Tuesday, June 15, 2010.

The school year will begin on Sunday, September 12, 2010 and end on Sunday, May 22, 2011. All classes will meet in Congregation Beth Israel's school building at the following times:

- ✧ Students in Kindergarten 4 through 1st grade will meet on Sunday mornings from 9-12.
- ✧ 2nd through 7th grades will meet on Sundays 9-12 and Tuesdays 3:45-6:15.
- ✧ The High School program (grades 8th through 10th) will meet on Sunday mornings from 10-12.

The tuition schedule is as follows:

Grade:	Tuition (register by 6/15/10)	Early Registration (register by 5/31/10)	Late Registration (register after 6/15/10)
Gan (K4/K5)	\$270.00	\$260.00	\$300.00
Alef (1 st)	\$270.00	\$260.00	\$300.00
Bet (2 nd)	\$420.00	\$410.00	\$450.00
Gimmel (3 rd)	\$420.00	\$410.00	\$450.00
Dalet (4 th)	\$420.00	\$410.00	\$450.00
Hay (5 th)	\$420.00	\$410.00	\$450.00
Vav (6 th)	\$420.00	\$410.00	\$450.00
Zayin (7 th)	\$420.00	\$410.00	\$450.00
Het/Tet (8 th /9 th)	\$270.00	\$260.00	\$300.00
Bikkurim (10 th)	\$270.00	\$260.00	\$300.00

There is a limited amount of financial aid is available those who need it. Please request a financial aid form from the school office; all requests must be submitted by July 1, 2010.

I am confident that the upcoming year is going to be an exciting, interesting year filled with meaningful educational experiences! If you have any questions, comments or concerns, please don't hesitate to get in touch with me. I can be reached by phone at (414) 716-1600 or via email at samara@cbimilwaukee.org. I am really looking forward to another wonderful year that inspires our students to have a love of Jewish learning.

B'Shalom,

Samara Sofian
Education Director





Congregation Beth Israel School of Jewish Studies

5771/2010-2011 School Registration Forms



Full Name(s) of Child(ren)	Hebrew Name	Grade	Birth Date	School
1.				
2.				
3.				
4.				

Student(s) live with: Both Parents Mother Father

Parent #1 Information

Parent #2 Information

Name:	Name:
Address:	Address:
City:	City:
Zip Code:	Zip Code:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone/Pager:	Cell Phone/Pager:
Occupation:	Occupation:

To what email address(es) would you like to have Parent Bulletins and other school information sent?

1. _____
2. _____

In case of last minute school cancellation, what is the best phone number to contact you?

Sunday: _____ Tuesday: _____

EMERGENCY INFORMATION

If neither parent can be reached during school hours, we will attempt to contact one of the people indicated below. The following individuals are also authorized to pick up your children:

Name: _____ Relationship: _____ Phone: _____

FIELD TRIP PERMISSION

My child(ren) has/have permission to attend field trip(s) with his/her class and to take transportation arranged by Congregation Beth Israel for the purpose of attending these programs. Transportation may include walking, charter bus, school bus or car or van driven by a classmate's parent or teacher.

Parent's Signature: _____ Date: _____

PHOTOGRAPHY PERMISSION

Congregation Beth Israel School of Religious Studies has permission to photograph my child(ren) and has permission to use and/or display these images for school purposes.

Parent's Signature: _____ Date: _____



**Congregation Beth Israel School of Jewish Studies
 Medical Information/Authorization Form
 5771/2010-2011**



Student's Name _____ Grade in 2010-2011 _____

Be sure to sign medical treatment authorization at bottom of the page. No student may be admitted without a medical treatment authorization on file.

Name of student's physician _____ Telephone # _____

Does student have any medical needs or physical limitations that require special attention?

Yes ___ No ___ If yes, please describe. _____

Does this student have any allergies? Yes ___ No ___ If yes, please describe in full. _____

Does this student have any food restrictions apart from allergies? Yes ___ No ___

Does your child have any special learning needs? If so, please describe in full on the confidential information form: Yes ___ No ___

Is student taking any medications on a regular basis? Yes ___ No ___

Name(s) of medication(s) _____ Dosage _____

* If your child will need to self-administer any medication (prescribed or over-the-counter) during school hours, **please include a note from parent or guardian.**

Medical Authorization

In the event of an emergency or the sudden illness of my child occurring when I cannot be reached, I give my consent for my child to be treated by such emergency medical personnel, doctors, and/or hospitals, as are selected by Congregation Beth Israel. I understand that in the event of such emergency, Congregation Beth Israel will make reasonable efforts to consult with the physician named above, but the nature of the emergency may require treatment be undertaken before such consultation is possible.

 Signature of Consenting Parent

 Date



Congregation Beth Israel School of Jewish Studies
Confidential Information
5771/2010-2011



A new form is required each year for every student

Forms will be shared with the classroom teacher and will be kept on file by the Education Director

Student's Name _____ Grade in 2010-2011 _____

Congregation Beth Israel School of Jewish Studies is committed to providing your child with both a quality Jewish education and a positive learning experience. Please help us to reach these goals by providing us with information about your child. Please be as complete as possible.

List 3 adjectives to describe your child.

1. _____ 2. _____ 3. _____

What are your child's strengths?

What are your child's weaknesses?

What are your child's hobbies and interests?

How would your child's classroom teacher describe your child?

Learning Style:

How does your child learn best? Are there any special approaches which would make it easier for your child to learn? If so, please describe.

Does your child have any diagnosed learning disabilities? If so, please describe.

Does your child receive any special services? If so, please describe.

Should there be any modification of performance expectations? If so, please describe.

Social or Emotional Difficulties:

Has there been any family stress (illness, death, divorce, adoption, moves, etc.) which may have an impact on your child's attention and school performance?

Medical and/or Medication Issues:

Does your child take any medications for such things as asthma, allergies, attention deficit disorder, depression, or diabetes? If so, please explain.

Does your child have a physical limitation which would require special consideration? If so, please explain.

Is there anything else we should know about your child to ensure that your child has a positive experience in religious school?



Congregation Beth Israel School of Jewish Studies

Parent Volunteer Form

5771/2010-2011



It takes a lot of volunteer help for our School to be successful. For the 5771/2010-2011 School Year we are asking each family to volunteer for two of our many volunteer opportunities. Please check off two things that you would like to help with. Thank you in advance for volunteering!

Parent Names _____

Preferred contact info (email or phone) _____

- Serve on the School Committee
- Help plan a Parent Education program
- Help with the Back to School Shabbat Dinner
- Organize the Back to School Shabbat Dinner
- Chaperone the Gimmel-Zayin (3rd-7th grade) fieldtrip in January (Gimmel-Zayin Parents only)
- Help with the Kitah Gimmel (3rd grade) Israel Fair in April (Kitah Gimmel Parents only)
- Help when a class does a cooking project
- Assist in the school office as needed
- Wrap Teacher Hanukkah gifts
- Help cook the Hanukkah dinner
- Help with the Hanukkah family program
- Chaperone the Teen Day of Social Action in March (Zayin-Bikkurim Parents only)
- Chaperone the Kitah Zayin (7th grade) fieldtrip to the Cemetery (Kitah Zayin Parents only)
- Assist with preparations for Bikkurim (Bikkurim Parents only)
- Wrap Teacher Year-End gifts
- Help with the Year-End Shabbat Dinner
- Organize the Year-End Shabbat Dinner
- Help make the hotdogs for the Year-End lunch
- Organize the Year-End lunch
- Assist with the School fundraiser
- Organize the School fundraiser
- Help with other things as needed
- Do you have any special talents/interests/experiences you may be willing to share with students? (e.g. cooking, Israeli dancing, music, travel to Israel, crocheting kippot, etc.)



Congregation Beth Israel School of Jewish Studies

Payment Form

5771/2010-2011



Fee Schedule:

Grade:	Tuition (register by 6/15/10)	Early Registration (register by 5/31/10)	Late Registration (register after 6/15/10)
Gan (K4/K5), Alef (1 st)	\$270.00	\$260.00	\$300.00
Bet (2 nd)-Zayin (7 th)	\$420.00	\$410.00	\$450.00
Het/Tet (8 th /9 th), Bikkurim (10 th)	\$270.00	\$260.00	\$300.00

Student(s) Name(s) _____ **Tuition Owed: \$** _____

We accept several methods of payment for your convenience. Please select one of the following options for the 2010/2011 fiscal year, supply the necessary information and sign the form at the bottom before returning it to us.

Single Payment
I would like to make a single Cash, Check or Credit Card* payment of my entire school tuition.

_____ Cash _____ Check _____ Credit Card* (Please complete your credit card information below.)

*Due to our processing costs, each credit card transaction will incur a 3% fee based on the amount of your payment.

Monthly Payments
I would like to make ten (10) monthly payments. Each payment will equal 1/10th of the tuition for the 2010/2011 school year. For your information, regardless of the payment method you choose, you will receive a monthly statement from Congregation Beth Israel until your account balance is paid off.

_____ Cash _____ Check

I authorize Congregation Beth Israel to automatically charge my MasterCard or Visa for ten (10) monthly payments. The charges will be run by the 10th of each month.

_____ Credit Card* (Please complete your credit card information below.)

I authorize Congregation Beth Israel to automatically debit my checking account for ten (10) monthly payments. The debit will occur within the first few days of each month. There is a fee of \$1.00 per automatic debit transaction which will be added on to the base transaction amount.

_____ Electronic Debit from Checking Account (Please complete your checking account information below.)

*Due to our processing costs, each credit card transaction will incur a 3% fee based on the amount of your payment.

Credit Card Information

_____ MasterCard _____ Visa

Account Number: _____

Expiration date: ____/____/____ Security Code (from back signature panel) _____

Signature: _____ Date: _____

Bank Account Information

Checking Account Number: _____

Bank Routing Number: _____

Bank Name: _____

Name: _____ (please print)

Signature: _____ Date: _____