



Youth Education Programs 2017-2018 Enrollment Application

“Welcome to Congregation Shaarie Torah Youth Education Programming. Shaarie Torah strives to foster in each child the ability and desire to live a Jewish life, a commitment to Tikkun Olam (repair of the world), and a sense of joy in experiencing all that our heritage has to offer. “

Dorice Horenstein, Education Director

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Looking forward to growing together this year!



FAMILY REGISTRATION FORM
(Please fill out one PER FAMILY)

Student Information

Student 1

First and Last name _____ Grade as of Fall 2016: _____

Hebrew Name _____ Student's e-mail Address _____ Age: _____

Program: Sunday School (K-5) Ivrit B'Ivrit (native Hebrew speakers)

PJE (stand-alone) Wednesday Nigh School (MS & HS)

Any previous Jewish education? Yes No

If Yes, please list name of school and last year completed:

Name of School: _____ Year: _____

Student 2

First and Last name _____ Grade as of Fall 2016: _____

Hebrew Name _____ Student's e-mail Address _____ Age: _____

Program: Sunday School (K-5) Ivrit B'Ivrit (native Hebrew speakers)

PJE (stand-alone) Wednesday Nigh School (MS & HS)

Any previous Jewish education? Yes No

If Yes, please list name of school and last year completed:

Name of School: _____ Year: _____



Student 3

First and Last name _____ Grade as of Fall 2016: _____

Hebrew Name _____ Student's e-mail Address _____ Age: _____

Program: Sunday School (K-5) Ivrit B'Ivrit (native Hebrew speakers)
 PJE (stand-alone) Wednesday Nigh School (MS & HS)

Any previous Jewish education? Yes No

If Yes, please list name of school and last year completed:

Name of School: _____ Year: _____

Student 4

First and Last name _____ Grade as of Fall 2016: _____

Hebrew Name _____ Student's e-mail Address _____ Age: _____

Program: Sunday School (K-5) Ivrit B'Ivrit (native Hebrew speakers)
 PJE (stand-alone) Wednesday Nigh School (MS & HS)

Any previous Jewish education? Yes No

If Yes, please list name of school and last year completed:

Name of School: _____ Year: _____



FAMILY INFORMATION

Guardian 1: Mother Father Other: _____

First Name _____ Last Name _____

Mailing Address:

_____ , _____
(street address) (city) (state) (zip)

Phones:
(Home) _____

Email: _____

(Work) _____

May we send you the weekly Education Newsletter?

Yes No

(Mobile) _____

Guardian 2: Mother Father Other: _____

First Name _____ Last Name _____

Mailing Address:

_____ , _____
(street address) (city) (state) (zip)

Phones:
(Home) _____

Email: _____

(Work) _____

May we send you the weekly Education Newsletter?

Yes No

(Mobile) _____

Are you a member of Shaarie Torah, or do you have a family membership? Yes No



Pick-Up Authorization

In addition to the Parents listed above, who else is authorized to pick up your child/children?
(Please keep this information current with the education office.)

Name _____ Mobile Number _____ Relation to Student _____

Name _____ Mobile Number _____ Relation to Student _____

Name _____ Mobile Number _____ Relation to Student _____

Please take a few moments to describe what you hope your children will achieve in our education program. We welcome any information that may be valuable for teachers to know, as well as suggestions, comments and questions.

We welcome you to our education programs, and look forward to being part of your child's Jewish education!



**AUTHORIZATION FOR EMERGENCY MEDICAL CARE
(Please fill out one PER CHILD)**

Student's Last Name

Student's First Name

Age

In the event that I cannot be reached to make arrangements for emergency medical care at the time of illness or accident, I hereby authorize the administration of Congregation Shaarie Torah School to seek medically appropriate care for my child.

I agree to be responsible for any costs incurred.

PREFERRED TREATMENT LOCATIONS

Physician's Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

OR:

Preferred Hospital: _____

MEDICAL INSURANCE COVERAGE

Medical Coverage Participant: _____

Medical Coverage Plan: _____

Group Number / Plan Number: _____ ID Number: _____



PARENT OR GUARDIAN CONTACT NUMBERS

Guardian 1: _____ Guardian 2: _____
(name) (name)

Home: _____ Home: _____

Work: _____ Work: _____

Mobile: _____ Mobile: _____

EMERGENCY CONTACT NUMBERS

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Form Completed By:

Name: _____ Relationship: _____
(print name)

Signature: _____ Date: _____



MEDICAL INFORMATION
(Please fill out one PER CHILD)

Student's Last Name

Student's First Name

Age

PHYSICIAN INFORMATION

Physician's Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Date of last physical exam: _____

ALLERGIES and ASTHMA

Does the student have any allergies that the school staff should be aware of?

Please describe the trigger, and the reaction:

Does the student carry an epi pen? Yes No

Does the student have asthma? Yes No

Does the student carry an inhaler? Yes No



Medication

Is this student on any regular medication? Yes No

If Yes, please explain:

Vaccines

Is this student up-to-date on all vaccines? Yes No

If No, please explain:

Previous Hospitalizations

Has this student had any major operations or hospitalizations? Yes No

If Yes, please tell us more:



Hearing and Speech

If there are any irregularities with the student's Eyes, Ears, Throat, or Speech? Yes No

If Yes, please tell us more:

Social and Emotional Well-Being

Does your child have any special social or emotional challenges that we should be aware of?

Are there any other special issues (such as learning needs, or family matters, etc.) that may affect your child's learning? Is there anything else that we should know, in order to best serve your child?

Form Completed By:

Name: _____ Relationship: _____
(print name)

Signature: _____ Date: _____



**AUTHORIZATION FOR MARKETING RELEASE
(Please fill out one PER FAMILY)**

I give my permission to allow Congregation Shaarie Torah (“CST”) to take and use photos and/or videos of my child(ren), for publicity purposes, for use in the following contexts. This form applies to all children listed below.

CST Premises: Yes No

CST Annual Student Photo Album: Yes No

CST website & social media (Facebook, etc): Yes No

CST Print Marketing Materials*: Yes No

* This may include family-friendly magazines and publications such as Oregon Jewish Life

Names of Children: (please print – as you would like to see their names presented)

Name: _____ Name: _____

Name: _____ Name: _____

I understand that I will be notified before any photos and/or videos are released for use **OTHER THAN** what I indicated above.

Form Completed By:

Name: _____ Relationship: _____
(print name)

Signature: _____ Date: _____



**ANNUAL TUITION AGREEMENT
(Please fill out one PER FAMILY)**

2017-18 Programs and Costs

Congregation Shaarie Torah offers programs to meet the needs of students at every stage of their Jewish Education. If you have any questions, please don't hesitate to give us a call!

Tuition costs are shown below for Members and Non-Members and includes our materials fee. Tuition is for a full school year, except where noted.

Member/Non-Member

Sunday Morning Religious School ("Etz Chayim") - Grades K-5
Wednesday Night School - Grades 6-12 (Middle and High School)

1 st Child	\$575/\$950
2 nd Child:	\$525/\$900

Portland Jewish Explorers ("PJE") - Grades K-5

If you enroll in Sunday Morning Religious School, this program is *included!*
Students can also enroll in this program alone.

Each Child:	\$250/\$500
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Ivrit B'Ivrit

For children who are native Hebrew Speakers - Grades K-5

Per Term (trimester, about 10 weeks):	\$290/term
Full Year registration: (save \$40 per child)	\$830/year

Scholarships are available on a per needs basis. Please call our Education Department to discuss any concerns or financial hardship that might prevent your family from making the above payments. We seek to turn no family away.

Congregation Shaarie Torah

920 NW 25th Ave
Portland, OR 97210



Please tell us which program you are selecting for each student:

Student 1: _____ Age: _____ Grade: _____
(name)

Sunday Religious School

Ivrit B'Ivrit

PJE (only)

Wednesday Night School

COST: \$ _____

Student 2: _____ Age: _____ Grade: _____
(name)

Sunday Religious School

Ivrit B'Ivrit

PJE (only)

Wednesday Night School

COST: \$ _____

Student 3: _____ Age: _____ Grade: _____
(name)

Sunday Religious School

Ivrit B'Ivrit

PJE (only)

Wednesday Night School

COST: \$ _____

OPTIONAL:

Early Bird Discount: Application Submitted before August 5, \$50 off total

TOTAL COST:

(add up each child's cost, plus additional fees)

\$ _____

* Volunteer Hours: All parents are asked to volunteer 18 hours of time during the school year.

Payment Options:

Congregation Shaarie Torah

920 NW 25th Ave
Portland, OR 97210



Please chose one of the following options:

- I am paying now in full**
- First payment of 50% is enclosed*; balance must be paid by 1/31/17
- I will pay in 9 equal monthly payments (please contact office with credit card information)
- I plan to apply for Scholarship (please pick up forms and information in the Education Office)

** Please enclose check with this form, or call synagogue office to give your payment information.

Form Completed By:

Name: _____ Relationship: _____
(print name)

Signature: _____ Date: _____

Office Use Only:

Date Received: _____ Education Director Initials: _____

Office Administrator Initials: _____ Date: _____

OUR MISSION

We are seriously passionate about Jewish Education.

Through youth-focused programming which aims to create a unique Jewish identity in every child, our children are learning our rituals and values in accordance with traditional Judaism through a contemporary lens. Engaging both parents and children, we seek to increase knowledge of our sacred texts, while teaching their relevance in today's world. Their knowledge and desire to observe and practice Jewish traditions will enable them to transmit this rich heritage to the next generation.

We offer many opportunities for our kids to find the joy in being Jewish through school wide celebrations, music programs and social action projects. Parents are also encouraged to become active members of the religious school by becoming an active member of the youth education committee, and/or choose to volunteer to help in many different ways.

Thank you for joining us this year!