

Congregation Har HaShem Religious School
REGISTRATION CHECKLIST
Registration is due June 1, 2009

**PLEASE COMPLETE THE FOLLOWING CHECKLIST
TO ENSURE YOU HAVE TAKEN ALL THE STEPS NEEDED
FOR YOUR FORMS TO BE PROCESSED.**

- Membership current?**
 - You need to be a member-in-good-standing of Har HaShem to register your child(ren) for our school programs. To join Har HaShem, please call our Outreach Coordinator, Barbara Gould at 303-499-7077 ext. 19. If you are a member please note that your tuition will be added to your bill on July 1, 2008.
- Youth Education Guide**
 - You can download this guide our Web site (www.harhashem.org). This will help you choose the appropriate classes for your child(ren) and your family. Course codes and fees for each class are listed in the Guide.
- Complete school registration forms:**
 - Use the course codes and fees for classes listed in the Youth Education Guide. You can register for all school and youth group programs using this form.
 - If you are registering more than one child, you will need to print and fill out multiple copies of pages 3 and 4.
 - All forms need to be completed for us to process your registration with the exception of page 5 [which only needs to be completed if you have a child who may need medication during school hours or events (Inhalers, EpiPens, etc.)].
 - If you are registering for 10th grade Confirmation, please fill out the Har HaShem form **as well as** CAJE's Hebrew High registration forms (call CAJE 303-321-3191 ext. 21). Forms become available in the summer.
- Turn in all forms to the following address:**
 - Congregation Har HaShem Office
3950 Baseline Road
Boulder, CO 80303

 - If you wish to discuss financial matters, please contact Barbara Gould at 303-499-7077 ext. 19 or bgould@harhashem.org .
 - If you wish to discuss appropriate classes for your child(ren), please contact the Director of Lifelong Learning, Katherine Schwartz, at 303-499-7077 x.12 or school@harhashem.org .
 - **Confirmation of Class Placement:** You will receive an email in June informing you of your child's class placement.
 - **Calendar:** Toward the end of summer the school calendar will be available on the school Website at www.harhashem.org.

IMPORTANT: Early Withdrawal

If you need to withdraw from school, families must notify the school administration for the child's withdrawal from the program. Tuition will be refunded based on the following schedule:

- **Before January 1st:** Full refund minus \$50.00 processing fee.
- **After January 1st:** 25% refund minus \$50.00 processing fee.
- **After Purim:** No refund.

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Parent Information

Parent 1 _____
 Home Address _____

Parent 2 _____
 Home Address _____

Home Phone _____ Work Phone _____

Home Phone _____ Work Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Student Name (Last, First)	M/F	Religious School Grade	Secular School Grade	Secular School	Course Code <small>(Download the course code and fee form to complete this column and fee column)</small>	Course Fee
Early Bird Registration: Postmarked by May 1st . Deduct \$75.00						
I have registered early, but would like to donate my discount to the School Scholarship Fund (do not deduct \$75.00)						
New Member Discount: Deduct \$75.00 for families new to the congregation for the 2009-10 school year (cannot be combined with the early bird discount)						
TOTAL DUE: This amount will be added to your yearly bill as of July 1st .						

Photography Release: We hereby give consent for photographs, film, video, or sound recording to be taken of anyone in my family at Congregation Har HaShem or at a Congregation Har HaShem sponsored activity during the 2009-2010 academic year and we further consent that such photographs/recordings can be used in publications, promotional materials, news releases, film, video, Websites or sound productions as directed and approved by Congregation Har HaShem.

Parent Name _____ Parent Signature _____ Date _____

Congregation Har HaShem Religious School
INDIVIDUAL STUDENT LEARNING AND MEDICAL FORM
Please fill out one per student

Please note that this form will remain confidential. This information is used to provide the best learning environment for your child and to provide the proper care in an emergency situation.

Last Name _____ First Name _____ Middle Name _____

Hebrew Name _____ Birth date _____

Gender _____

Parent(s)/Guardians with whom child resides _____

LEARNING

What are your child's learning strengths?

What are your child's learning needs?

Does your child have an IEP, ILP, or ALP or is he or she receiving any individualized attention at secular school.

No _____

Yes _____ Which of the above? Are you willing to share the information with the Educator? _____

Is there anything else we should know about your child to be able to help him or her effectively in the classroom?

Congregation Har HaShem Religious School
INDIVIDUAL STUDENT LEARNING AND MEDICAL FORM
Please fill out one per student

MEDICAL

Child's First and Last Name _____

What allergies (including food) does your child have? _____

Is your child presently taking medication on a continuing basis? ____ If yes: _____ Name of Medication _____ Current dosage _____

Prescribed for what condition _____

Are there any family arrangements of which we should be aware in case of an emergency? _____

Emergency Information/Permission to Seek Treatment:

In the case of injury to, or illness of, a child while at Congregation Har HaShem or on an off-site Har HaShem activity, every effort will be made to contact the parent(s) or guardian(s). If a representative of Har HaShem is unable to reach such person, the following instruction will remain in force unless revoked by the parent or guardian:

I hereby authorize Congregation Har HaShem or any authorized representative to call my child's physician or dentist (or another physician or dentist available) for necessary care for my child in case of emergency. I agree to pay all expense incurred. The authorizations shall remain effective from July 1, 2009 - June 30, 2010.

In addition, I do hereby authorize a representative(s) of Congregation Har HaShem as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnoses or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician or surgeon, whether at the said physician's office or licensed 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 on any and all such examination, diagnoses, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may be advisable.

Child's medical insurance provider _____ Name of policy holder _____

Plan/Group number _____ Policy Number _____

Insurance Provider's Phone Number _____

Child's physician _____ phone _____

Child's dentist _____ phone _____

Emergency authorization for emergencies in the event I am unable to be reached (name): _____

Relationship: _____

Phone number _____ Cell phone _____

Emergency Release/Assumption of Risk: Parents and guardians, jointly and separately, release Congregation Har HaShem, its officers, agents, and employees from all liability for injuries, illness or property damage resulting from my family/child's participation in Religious/Hebrew School and all Har HaShem sponsored activities and agree not to make any claim or demand against them for any or all losses or damages to student/family's person or property.

I have completed the above learning and medical information to the best of my knowledge. I have read all of the above and agree to abide by it.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ **date** _____

PARENT'S REQUEST FOR GIVING MEDICINE AT SCHOOL AND OFF SITE EVENTS/RETREATS
RELEASE AGREEMENT AND PHYSICIAN'S SIGNED ORDER

The undersigned parent(s) or guardian(s) of _____
hereby request personnel employed by Congregation Har HaShem to see that said child receives

_____ at _____ as described by prescribing physician.
(Name of medication) (Time)

It is required by Congregation Har HaShem as a condition to its agreement to administer any medication, that the medicine has been prescribed by a physician or dentist and that it has been furnished by the parents(s) or guardian(s) of the student with an appropriate label stating the child's first and last name, name of the medicine, times at which medication is to be administered, the dosage and the date when the medication is to be stopped.

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent(s) or guardian(s). In consideration of the acceptance of the request to perform this service by an personnel employed by Congregation Har HaShem, the undersigned parent(s) or guardian(s) hereby agree(s) to release the said institution and their personnel from any legal claim(s) which they now have or may hereafter have arising out of the administration of (or failure to administer) the medication to the student.

Dated this _____ day of _____ year _____

Signature of Parent or Guardian

Name of Physician or Dentist prescribing medication

PHYSICIAN'S SIGNED ORDER FOR MEDICATION AT SCHOOL

Student's Name _____ medication(s) _____

Route of administration _____ Dosage (total mg/dose) _____

to be given at _____ from _____ to _____.
(Time) (Date) (Date)

Purpose of medication _____ Possible side effects _____

Physician's Signature

Date

For inhalers & EpiPens only: Doctor, please sign below to give permission for student to carry and self-administer the inhaler and/or EpiPen ordered on this form.

Physician's Signature & Date

Congregation Har HaShem Religious School
PARENT PARTICIPATION FORM
Registration is due June 1, 2009

In an effort to keep our costs down and the quality of our educational program up, we rely on every parent to make the commitment to participate in at least one of our many volunteer opportunities. Please make a selection from the following list as to how you wish to participate. It is important that we, as role models for our children, show them that we care about their Jewish education. Involvement in your child's education is an essential means of conveying your care and pride to your child(ren). We need and expect parent involvement in all of our school activities. From time to time, we will call upon you to volunteer. The school staff and your child(ren) look forward to your participation.

As you choose which activities to volunteer for please consider your child's Jewish Education as a priority. This is YOUR Jewish community as well. Step inside Har HaShem, become involved..

Family Name: _____

VOLUNTEER OPPORTUNITIES

Life Long Learning Committee: Consults with and assists the Educator on issues of policy, curriculum programs, youth activities, special events, fundraising, etc. Meeting will take place on Sunday mornings during Religious School.

- I would like to be on the committee.

Parent Name _____

Passover Candy Spring Fundraiser

- Coordinate Passover Candy Sale
 Help tabulate candy sheets to prepare the order for Barton's Chocolate.
 Help organize and distribute chocolate once it has arrived at Har HaShem.

Parent Name _____

Purim Carnival Volunteer: February 28, 2010: The following tasks will make this school fundraiser a success. Please mark the task you would prefer.

- Coordinate Purim Carnival
 Call volunteers ahead of time to fill volunteer slots on the day of the Carnival
 Arrange for the food at the Purim Carnival, includes pickup and delivery to the synagogue
 Coordinate Hamentaschen baking – arranging for bakers, have recipes available, pickup and delivery.
 Bake Hamentaschen to be sold at the Purim Carnival.
 Sell tickets during Carnival.
 Set up for Carnival (day prior).

Parent Name _____

Kaitanat Har HaShem Committee: Consults with and assists the camp directors on issues of policy and special events.

- I would like to be on the committee.

Parent Name _____

