Dear Parent(s),

It has been a wonderful year at the Rodeph Sholom Religious School and I’d like to thank all of you for your involvement and support in making this another successful year for our children and families. I’d like to especially thank those families who supported our Religious School Scholarship Fund this past year. Due to your generosity we collected over $40,000 in funds which enabled us to accept every child into our program regardless of their financial ability.

Your donation has:

- Provided financial aid to 80 children in Religious School
- Sent 9 students to Jewish summer camp/programs
- Supported 8th-12th grade students for our CRS teen trips to NOLA, the L’taken Seminar in DC, and the 10th Grade Confirmation trip to Berlin

As Religious School tuition only covers about 70% of the real cost, if you are willing and able to add 30% to your child’s tuition, it will allow us to continue providing support to our families and would be a true blessing.

To make it easy, we have done the math for you: Just find the “suggested donation” on the registration form and add the amount to your check. Any donated amount is very much appreciated.

Hillel, the great teacher of the Mishnaic times teaches us that it is okay to do things for ourselves, but if we only do things for ourselves, what good are we? Life begins to have real meaning only when we begin to consider the needs and wants of others.

Gratefully,

Kerith Braunfeld
Director of Religious Education & Youth at CRS
2018-2019

IMPORTANT REGISTRATION INFORMATION

Registration for 2018-2019 is now open and we are excited to welcome your children for the new term. You must be current on both your congregation and religious school statements in order to register, or you must be current with your payment plan. If you are in need of a payment plan or financial aid, please speak to Eric Oppenheimer, Religious School Registrar: eoppenheimer@crsnyc.org or 646-454-3045

Please include complete payment when mailing your registration packet. Your child will not be registered without full payment unless you have a plan from the registrar.

Thank you for your cooperation.

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Reminder for upcoming B’nai Mitzvah families!
All students need to be enrolled and attending Religious School the year of their B’nai Mitzvah. Families need to be current on their statements before beginning B’nai Mitzvah studies with the Cantors/tutors.

***YOU MUST BE A MEMBER OF CONGREGATION RODEPH SHOLOM TO ENROLL YOUR CHILD(REN) IN RELIGIOUS SCHOOL***
The registration information you furnish will be kept confidential. It is intended for our records and to help us to better serve our students and their families.

Parent or Guardian Name(s):

Parent 1 Last, First

Parent 2 Last, First

Parent 1 Mailing Address:

Street
City
Zip

Parent 2 Mailing Address:

Street
City
Zip

Phone Numbers: ( ) ( ) ( )

Teen’s Home # Parent 1 Business # Parent 2 Business #

Parent 1 Cell Number: __________________________

Parent 2 Cell Number: __________________________

Email: _______________________________________

Email: _______________________________________

8th-12th Grade Teen Email: __________________________

Teen Cell Phone: __________________________

(Parents will be copied with each correspondence)

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

Custodial Parent’s Name: __________________________

Do you wish all mailings and emails regarding the teen to go to both parties? Yes ________ No _______

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**TEEN’S NAME** | **TEEN’S HEBREW NAME** | **GENDER** | **BIRTH DATE** | **REL. SCHOOL GRADE 2018-19** | **SECULAR SCHOOL GRADE 2018-19** | **NAME OF SECULAR SCHOOL**
--- | --- | --- | --- | --- | --- | ---
1. | | | | | | |
2. | | | | | | |
3. | | | | | | |

**Publication Permission:** Unless initialed below, I/we agree that my teen’s likeness may be photographed, recorded, reproduced, and used for school-wide publications, professional communications, and marketing efforts of Rodeph Sholom Religious School and/or CRS including but not limited to the yearbook, photo galleries, classroom pages, news stories, emails to parents and other family members, the CRS website, Facebook, Instagram, achievement announcements, and printed internal publications. No student will be identified by name in any photo or video posted online. __________ Initial here if you do not agree.
YOU MUST BE A MEMBER OF CONGREGATION RODEPH SHOLOM TO ENROLL IN TEEN PROGRAMMING

<table>
<thead>
<tr>
<th>8th Grade</th>
<th>9th Grade</th>
<th>10th Grade</th>
<th>11th/12th Grade</th>
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<tbody>
<tr>
<td>Tuesday Nights</td>
<td>Tuesday Nights</td>
<td>Confirmation/Berlin Trip***</td>
<td>Tuesday Nights</td>
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<tr>
<td>Madrichim</td>
<td>Madrichim</td>
<td>— Madrichim Teaching Asst.</td>
<td>Madrichim</td>
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<tr>
<td>Post-B’nai Mitzvah Internship</td>
<td>Post-B’nai Mitzvah Internship</td>
<td>— Youth Group (CRuSTY)</td>
<td>— Youth Group (CRuSTY)</td>
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<td>Youth Group (CRuSTY)</td>
<td>Youth Group (CRuSTY)</td>
<td>— Teen Overnight</td>
<td>— Teen Overnight</td>
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<tr>
<td>Teen Overnight</td>
<td>Teen Overnight</td>
<td>— RAC Trip**</td>
<td>— RAC Trip**</td>
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<tr>
<td>NOLA Trip*</td>
<td>Heygirlhey/Brodeph Sholom</td>
<td>— Heygirlhey/Brodeph Sholom</td>
<td>— Lounge Nights</td>
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<td>Lounge Nights</td>
<td>— Lounge Nights</td>
<td>— Teen Issues/Hot Topics Series</td>
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Trips: Payments to be made separately with trip application.

*NOLA (March 2019)
Actual cost of trip: $1,400
Subsidized Trip Cost: $1,275
Earn $108 off the trip attending 3 Tuesday nights
*The trip is subsidized. **If you are able to make a donation of $125, or any amount, it would help offset the cost of the trip for CRS.

**RAC (January 25th-28th 2019)
$500—$625 depending upon sign-up date

***Berlin (2/14/19-2/19/19)
Actual Trip Cost $2,400
Subsidized Trip Cost $2,000
*The trip is subsidized. **If you are able to make a donation of $400, or any amount, it would help offset the cost of the trip for CRS.

Teen Overnight (Date & Cost TBD)

PAYMENT INFORMATION
Tuition covers all grade programming above except where additional costs apply.

<table>
<thead>
<tr>
<th>GRADES</th>
<th>TUITION</th>
<th>ADD</th>
<th>DONATION</th>
<th>TOTAL</th>
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</thead>
<tbody>
<tr>
<td>8th Grade Tuition</td>
<td>Donation Based*</td>
<td></td>
<td>$780 (or any amount)</td>
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</tr>
<tr>
<td>9th Grade Tuition</td>
<td>Donation Based*</td>
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<td>$780 (or any amount)</td>
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<td>10th Grade Tuition</td>
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<td>11th Grade Tuition</td>
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<td>$235</td>
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</tr>
<tr>
<td>12th Grade Tuition</td>
<td>$780</td>
<td></td>
<td>$235</td>
<td></td>
</tr>
<tr>
<td>ADD Parents Association Fee (p/family) - for teacher appreciation, technology &amp; special programs</td>
<td></td>
<td></td>
<td>$36</td>
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</tbody>
</table>

*Add the columns on the right

*8th & 9th Grade Tuition is donation based, so, amount of tuition is at your discretion. Donations will be applied toward the actual cost of tuition.
PERSONAL AND EMERGENCY INFORMATION

In case of injury or illness of a teen at school, every effort will be made to contact the parent or guardian. The following instructions will remain in force unless revoked by parent or guardian:

If injury or illness is minor, give first aid? Yes ____ No____

If injury is serious and parent cannot be contacted, do you wish your personal physician contacted? Yes ____ No____

Name of Physician: _______________________________________

Phone number: __________________________

Insurance Provider: _________________________________________________________________________

Address:___________________________________Phone: ______________________________

Policy #: ______________________________________

If you cannot be reached in case of an emergency, give names of persons to be notified:

Name: _____________________________________Relationship: ____________________________

Phone:____________________________________

Name: ________________________________Relationship: ________________________________

Phone:________________________________

In the event of a medical emergency, I authorize the staff to obtain emergency medical treatment for my teen(s).

I understand that I will be contacted immediately, as will my physician.

Parent(s) or Guardian(s) Signature ____________________________ Date ________________
TEEN’S NAME: ___________________________________________ GRADE: ________
(If you need more space, please use the back or attach a separate sheet.)

Medical History & Allergies:
1. Share anything that we need to know about your teen’s medical history.

2. Does your teen have any allergies? Please list.

3. Does your teen carry an epi-pen? *Yes_______No________
   *If Yes, they must have an epi—pen on their person at all times.

Student Information:
1. What does your teen enjoy doing in their spare time?

2. Share with us your teen’s strengths and areas that are challenging.

Educational Information:
1. What should we know about your teen’s educational needs and how they learn best?

2. Does your teen have an IEP? Yes________No________

3. Does your teen have any special learning needs?

4. Does your teen have any behavioral needs?

I hereby apply for admission for my teen(s) to CRS Teen Programming in accordance with the established non-refundable tuition schedule, and in accordance with the procedures set forth by the Education Committee for the administration of the Religious School–Teen Programming.

Parent(s) or Guardian(s) Signature ___________________________ Date ___________________________