

July 29, 2020 8 Av 5780

Dear Families,

I am so excited that your child(ren) will be part of the Shaarey Zedek Religious School this year! To make sure that the year is off to a smooth start, please complete and return the two attached forms by **August 28**. Our teachers and staff NEED to know how many students there will be in the school, how to communicate with you, and any information about your child(ren) you can share that will help us provide a valuable, meaningful and comfortable learning experience for your child(ren).

We know that this year especially you may be facing increased financial insecurity and you may have to make tough decisions about how and where to spend your money. In consideration of that fact, we have pushed the due date back by a week to give you more time to consider your options (normally we would ask that materials be returned by August 23). We hope that you will choose to invest in your child(ren)'s Jewish education. Our staff this year is outstanding! Our teachers and specialists are filled with the love of Judaism, Hebrew and Jewish culture that will inspire your child(ren) and give them pride in his/her/their Jewish identity and will cultivate their Jewish literacy.

Here are the instructions for completing these forms:

Form A: Registration

Form A (it should say "Form A" in the top left corner), subtitled "Registration Form," needs to be returned to the Shaarey Zedek Office PHYSICALLY along with a payment by August 28. Please mail it to Congregation Shaarey Zedek (1924 Coolidge Rd. East Lansing, MI 48823). There will be a \$50 late fee for forms returned after **August 28**.

Form B: Family Information

Form B (it should say "Form B" in the top left corner), subtitled "Family Information Sheet," is also due on August 28 but you may return it physically (by mail) or you may return it by email to menahelet.margot@shaareyzedek.com.

This form is long because we recognize that family configurations are complex and we want to make sure there is room for all of your child(ren)'s parents and guardians to be included. Pages 1 and 2 are questions about the adults who take care of your child(ren). Pages 3-6 provide spaces for you to describe each child who will be attending Shaarey Zedek religious school this year.

Whether filling out the information about the adults or the information about the children, if all information is the same as a previous entry, you do not need to write it all out again.

Though we will be beginning the year in a fully virtual setting, it is important to have your child(ren)'s allergy and medical information. We hope to transition back into a face-to-face or hybrid at as soon as we can. Finally, I've added new questions about any conditions your child(ren) may have that might impact their learning. This information is voluntary and will only be used [and shared with the appropriate teacher(s)] to accommodate and benefit your child(ren)'s learning experience. If you prefer to communicate this information orally rather than in written form, please let me know and we can set up a time to talk.

CONGREGATION
SHAAREY ZEDEK

Congregation Shaarey Zedek
Religious School

As always, please reach out to me with any questions and concerns. You can call or text my cell (412) 614-0310, email me (menahelet.margot@shaareyzedek.com) or send me a message through Facebook. (I'm Margot Behrend Valles).

Thank you so much for entrusting us with your child(ren)'s Jewish education!

All the best,

A handwritten signature in black ink that reads "Menahelet Margot". The signature is written in a cursive style with a large, stylized initial "M" and a flourish.

Menahelet Margot

Congregation Shaarey Zedek and ShalomLearning

We are excited to announce that Congregation Shaarey Zedek will be offering the ShalomLearning program for our *Gan* (pre-K / K) through 7th grade students for the upcoming school year. ShalomLearning partners with synagogues all over the world to provide a fresh approach to Jewish education by using technology, short videos, music, texts, and online activities to make curriculum and materials relevant to the students.

Judaic Curriculum

ShalomLearning's interactive, Jewish values-based curriculum helps children develop a positive Jewish identity. The curriculum is based on seven Jewish values we all share, like *Gevurah* "Using your inner strength to do what's right," and *Teshuvah* "Taking responsibilities for your actions." By relating stories from the Torah and Jewish history to events happening in our kids' lives, ShalomLearning helps each student explore his or her personal connection to our heritage.

Curriculum Values



Teshuvah
תשובה



B'Tzelem Elohim
בצלם אלהים



Gevurah
גבורה



Achrayut
אחריות



Hakarat Hatov
הכרת הטוב



Koach Hadibbur
כוח הדיבור



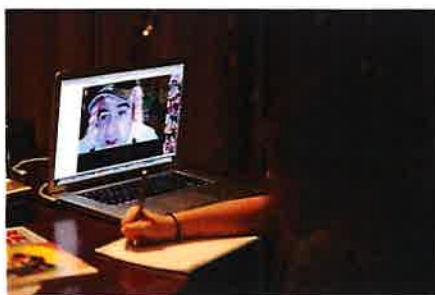
Shalom
שלום

Hebrew Curriculum



In partnership with Torah Aura Publishing and JLearnHub, ShalomLearning offers two different approaches for learning Hebrew and Tefillot. Both options provide students the opportunity to learn to decode Hebrew and prayers for Shabbat services. We will be using JLearnHub. Students in 3rd and 4th grade can log in to the site my.shalomlearning.org to complete self-paced activities, answer questions, practice Hebrew and stay connected to their Hebrew school class throughout the week.

Virtual Classes



This fall we will be holding classes in a fully virtual setting. By using the ShalomLearning program, classes can be held online. Each week, at the same time, students log in to teacher led virtual classroom in real time, where they will see, hear and interact with one another. The peer connections will continue and evolve in this online setting.

Congregation Shaarey Zedek Religious School

Registration Form

2020-2021 / 5781 School Year

To register for the 2020-2021 / 5781 school year, please complete this official registration form (Form A) and return it to Congregation Shaarey Zedek by Friday, August 28 to avoid a \$50 late fee. Please also complete the Family Information Sheet (Form B) and return it to Margot Valles by email or mail it to the Shaarey Zedek office.

First payment is due at time of registration.

You must be a member of Congregation Shaarey Zedek to register your child(ren).

The religious school is subsidized by Shaarey Zedek membership dues, the Shaarey Zedek Sisterhood, congregational funds and endowments and SZRS fundraisers; tuition covers approximately 60% of actual costs. **If you are able, please consider paying any amount closer to the "true cost."** Any remittance over the minimum tuition is greatly appreciated and will be considered a tax-deductible donation. **Todah rabah! Thank you very much!**

Shaarey Zedek strongly values education and is committed to providing a quality program for all SZRS students regardless of financial ability. **If tuition is a financial hardship, please contact synagogue president Todd Cook before the registration deadline** by email at toddcook@hotmail.com or by text at (517) 281-4042 to set up a payment plan or discuss scholarship arrangements.

TUITION SCHEDULE

Grades	Tuition including materials fee (less than 60% of cost per student)	I will make a donation and pay 70% of the cost per student.	I will make a donation and pay 80% of the cost per student.	I will make a donation and pay the full cost per student.
Pre-K – 2 nd	\$575	\$670 (\$95 donation)	\$765 (\$190 donation)	\$958 (\$383 donation)
3 rd - 7 th	\$745	\$870 (\$125 donation)	\$995 (\$250 donation)	\$1245 (\$500 donation)
8 th – 12 th	\$430	\$500 (\$70 donation)	\$570 (\$140 donation)	\$716 (\$286 donation)
Confirmation	\$160			

Student's Name

Grade

Tuition

		\$ _____
		\$ _____
		\$ _____
		\$ _____

Subtotal \$ _____

Late Fee \$50 (if after August 28) \$ _____

Donation \$ _____

Total \$ _____

Amount Paid: \$ _____

Amount Due \$ _____

Please note: A 3% surcharge will be added with use of a credit card.

There is no charge if you sign up for payment through Fifth Third Bank's Automated Clearing House (ACH).

Please choose one of the following payment options:

I will pay _____ in full (check, ACH or credit card)

_____ in two payments (check, ACH or credit card)

_____ in four payments: August, November, January and March (check or credit card)

If by check, please make payable to Congregation Shaarey Zedek. Check Number: _____

New this year! If by Fifth Third Bank's ACH, please attach a voided check by August 28 and your checking account will be charged on the 10th day of the month.

If by credit card, please complete your credit card information: _____ Visa _____ MasterCard

Form B

Congregation Shaarey Zedek Religious School

Family Information Sheet

2020-2021 / 5781 School Year

To register for the 2020-2021 / 5781 school year, please note that you must be a member of Congregation Shaarey Zedek and you must complete the official Registration Form (it says Form A in the top left corner) and return it to the Shaarey Zedek office by August 28. You must also complete this Family Information Sheet (Form B) and return it to Margot Valles by emailing her at menahelet.margot@shaareyzedek.com or by mailing it to the Shaarey Zedek office.

\Family Information

In your family, who is or who are the primary guardian(s) for your child(ren)?

Parent / Guardian Full Name:	Pronouns	Relationship
Example: Margot Behrend Valles	She/Her	Mother
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

What is the contact information for Parent / Guardian in line 1 above?

Street Address: _____

City: _____ State: _____ Zip Code: _____

Is this the child(ren)'s primary residence? Please check or circle: Yes No

Landline Phone #: _____ Cell Phone #: _____

Email address for school communications: _____

Please check or circle this person's preferred method of receiving school communication.

Email  Text  Phone  Other: _____

What is the contact information for Parent / Guardian in line 2 above?

Note: You do not need to write the information over again if it is the same as above.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Is this the child(ren)'s primary residence? Please check or circle: Yes No

Landline Phone #: _____ Cell Phone #: _____

Email address for school communications: _____

Please check or circle this person's preferred method of receiving school communication.

Email  Text  Phone  Other: _____

What is the contact information for Parent / Guardian in line 3 above?

Note: You do not need to write the information over again if it is the same as above.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Is this the child(ren)'s primary residence? Please check or circle: **Yes** **No**

Landline Phone #: _____ Cell Phone #: _____

Email address for school communications: _____

Please check or circle this person's preferred method of receiving school communication.

Email  Text  Phone  Other:

What is the contact information for Parent / Guardian in line 4 above?

Note: You do not need to write the information over again if it is the same as above.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Is this the child(ren)'s primary residence? Please check or circle: **Yes** **No**

Landline Phone #: _____ Cell Phone #: _____

Email address for school communications: _____

Please check or circle this person's preferred method of receiving school communication.

Email  Text  Phone  Other:

If we are unable to reach your child(ren)'s primary guardians, who should we contact in the event of an emergency? You must list at least 1 person.

Name:	Relationship	Phone Number:
<u>Example: Margot Behrend Valles</u>	<u>Family Friend</u>	<u>(412) 614-0310</u>

1. _____

2. _____

In addition to your child(ren)'s primary Parent / Guardians, who is allowed to pick up your children from the religious school?

Name:	Pronouns	Relationship
<u>Example: Margot Behrend Valles</u>	<u>She/Her</u>	<u>Family Friend</u>

1. _____

2. _____

3. _____

4. _____

STUDENT #1 INFORMATION

Please fill out one of these pages for each child you are enrolling in the school.

Student's Full Name: _____ Date of Birth: _____

Hebrew Name (It's okay if you don't know it): _____ Pronouns: _____

Medical Information

Allergies or food sensitivities we should know about? Please list them here and describe any actions/medicines we should be prepared to take/administer.

This question is voluntary. We will only use this information to provide the best learning experience for your child. Does this child have any **medical conditions** that might impact learning? Please list them here and describe any known accommodations we should make.

This question is voluntary. We will only use this information to provide the best learning experience for your child. Does this child have any known **learning conditions** that might impact learning? Please list them here and describe any known accommodations we should make.

Preferred **hospital system** in case of emergency: _____

Public/Day School Information

Child's School: _____

Grade at School: _____ School District: _____

Anything else you would like us to know about your child's school situation? (IEPs, new to school, etc.)

Permissions

Do we have permission to photograph your child for **school purposes** (such as classroom posters, school projects, family handbook)? Please check or circle one:

Yes No

Do we have permission to photograph your child for broader **synagogue purposes** (flyers, website)? Please check or circle one:

Yes No

STUDENT #2 INFORMATION

Please fill out one of these pages for each child you are enrolling in the school.

Student's Full Name: _____ Date of Birth: _____

Hebrew Name (It's okay if you don't know it): _____ Pronouns: _____

Medical Information

Allergies or food sensitivities we should know about? Please list them here and describe any actions/medicines we should be prepared to take/administer.

This question is voluntary. We will only use this information to provide the best learning experience for your child. Does this child have any **medical conditions** that might impact learning? Please list them here and describe any known accommodations we should make.

This question is voluntary. We will only use this information to provide the best learning experience for your child. Does this child have any known **learning conditions** that might impact learning? Please list them here and describe any known accommodations we should make.

Preferred **hospital system** in case of emergency: _____

Public/Day School Information

Child's School: _____

Grade at School: _____ School District: _____

Anything else you would like us to know about your child's school situation? (IEPs, new to school, etc.)

Permissions

Do we have permission to photograph your child for **school purposes** (such as classroom posters, school projects, family handbook)? Please check or circle one:

Yes

No

Do we have permission to photograph your child for broader **synagogue purposes** (flyers, website)? Please check or circle one:

Yes

No

STUDENT #3 INFORMATION

Please fill out one of these pages for each child you are enrolling in the school.

Student's Full Name: _____ Date of Birth: _____

Hebrew Name (It's okay if you don't know it): _____ Pronouns: _____

Medical Information

Allergies or food sensitivities we should know about? Please list them here and describe any actions/medicines we should be prepared to take/administer.

This question is voluntary. We will only use this information to provide the best learning experience for your child. Does this child have any **medical conditions** that might impact learning? Please list them here and describe any known accommodations we should make.

This question is voluntary. We will only use this information to provide the best learning experience for your child. Does this child have any known **learning conditions** that might impact learning? Please list them here and describe any known accommodations we should make.

Preferred **hospital system** in case of emergency: _____

Public/Day School Information

Child's School: _____

Grade at School: _____ School District: _____

Anything else you would like us to know about your child's school situation? (IEPs, new to school, etc.)

Permissions

Do we have permission to photograph your child for **school purposes** (such as classroom posters, school projects, family handbook)? Please check or circle one:

Yes

No

Do we have permission to photograph your child for broader **synagogue purposes** (flyers, website)? Please check or circle one:

Yes

No

STUDENT #4 INFORMATION

Please fill out one of these pages for each child you are enrolling in the school.

Student's Full Name: _____ Date of Birth: _____

Hebrew Name (It's okay if you don't know it): _____ Pronouns: _____

Medical Information

Allergies or food sensitivities we should know about? Please list them here and describe any actions/medicines we should be prepared to take/administer.

This question is voluntary. We will only use this information to provide the best learning experience for your child. Does this child have any **medical conditions** that might impact learning? Please list them here and describe any known accommodations we should make.

This question is voluntary. We will only use this information to provide the best learning experience for your child. Does this child have any known **learning conditions** that might impact learning? Please list them here and describe any known accommodations we should make.

Preferred **hospital system** in case of emergency: _____

Public/Day School Information

Child's School: _____

Grade at School: _____ School District: _____

Anything else you would like us to know about your child's school situation? (IEPs, new to school, etc.)

Permissions

Do we have permission to photograph your child for **school purposes** (such as classroom posters, school projects, family handbook)? Please check or circle one:

Yes

No

Do we have permission to photograph your child for broader **synagogue purposes** (flyers, website)? Please check or circle one:

Yes

No