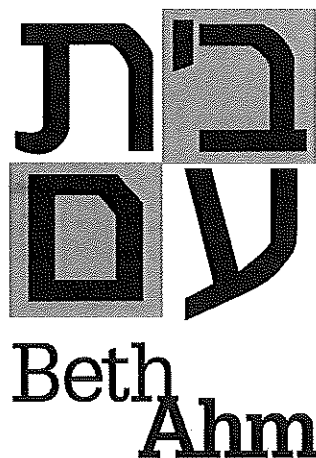


Congregation Beth Ahm
Natalie & Manny Charach Religious School

Religious School
Registration
2017 – 2018



Big enough to enrich you. Small enough to know you.

Congregation Beth Ahm
5075 West Maple Road
West Bloomfield, MI 48322

David Goodman - Executive Director
(248) 851-6880
www.cbahm.org



Congregation Beth Ahm

5075 West Maple Road, West Bloomfield, MI 48334

Phone: (248) 851-6880 Fax: (248) 851-6488

www.cbahm.org

May 26, 2017

Dear Parents,

Enclosed are religious school registration materials for the 2017-2018 school year. We hope that you will take advantage of the unique learning opportunities offered by our Manny and Natalie Charach Religious School.

To fortify our small religious school community and provide a quality the level of education for our children, we are continuing our partnership with Congregation B'nai Moshe this school year.

Our school will meet with B'nai Moshe students at B'nai Moshe (6800 Drake Road---1/4 mile South of Maple Road) on Tuesday afternoons at our regular time of 4:30pm to 6:30pm. On Shabbat mornings, Beth Ahm students will continue to meet here at Beth Ahm. This will allow our children to benefit from a somewhat larger classroom experience on Tuesdays while they benefit from both classroom time and the experience of being with the Beth Ahm community on Shabbat.

Elissa Berg will teach at B'nai Moshe on Tuesdays and will be Beth Ahm's steady presence in that setting. I will continue be a part of the experience that our Beth Ahm children have on Tuesdays by visiting classrooms and being with our children.

Students in grades K-8 will benefit from experiential and hands-on learning. We are sensitive to the ages and abilities in each classroom and work with each student to maximize his/her school experience. The curriculum will include a focus on Jewish holidays, Torah, Hebrew literacy, Israel and prayer.

To enroll your child(ren), please complete the attached forms and return them to the Beth Ahm office. Tuition assistance is available. If you need tuition assistance, please complete the enclosed Federation scholarship application. No child will be denied a Jewish education because of financial need. Remember, applications received before July 28, 2017, qualify for an early registration discount of \$100 per family.

I hope that you will take advantage of this special learning opportunity. Please feel free to call or email me with questions about our Religious School. My contact information is 248-851-6880 or ravsteven@cbahm.org.

I wish you and your family a happy, healthy and relaxing summer.

B'shalom,

Rabbi Steven Rubenstein

**CONGREGATION BETH AHM
NATALIE & MANNY CHARACH RELIGIOUS SCHOOL
REGISTRATION FORM
School Year 2017-2018**

Please fill in the appropriate grade level for 2017-2018.

GRADE	CHILD'S NAME	CHILD'S HEBREW NAME	PARENTS' HEBREW NAMES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent 1/Guardian Name _____
First Last

Address: _____
Street City Zip

Phone: Home (____) _____ Cell (____) _____ Work (____) _____

Parent 1/Guardian Email Address _____

Member of Congregation Beth Ahm ___ Other _____ Not affiliated ___

Parent 2/Guardian Name _____
First Last

Address (if different) _____
Street City Zip

Phone: Home (____) _____ Cell (____) _____ Work (____) _____

Parent 2/Guardian Email Address _____

Member of Congregation Beth Ahm ___ Other _____ Not affiliated ___

Child lives with: Both Parents ___ Father ___ Mother ___ Guardian(s) ___

Would you like to be listed in our School Directory? Yes ___ No ___

Is non-custodial parent to receive mailing? Yes ___ No ___

Is non-custodial parent to receive e-mails? Yes ___ No ___

I give permission for my child to be transported in a vehicle and/or participate in field trips. I give permission for my child/children to appear in any pictures or videos for Congregation Beth Ahm, including promotional materials on the Beth Ahm website.

In my absence, I give permission to the following adults to pick up/release my child from Beth Ahm:

Name _____ Phone Number _____

Signature of Parent/Guardian _____ Date _____

**Congregation Beth Ahm
Natalie & Manny Charach Religious School
2017-2018 Tuition**

Grade	Days	Times	Member	Non-Member
K - 2	Saturdays	10:00 AM -12:00 PM	\$575	\$900
3 - 8	Tuesdays & Saturdays	4:30 - 6:30 PM & 10:00 AM -12:00 PM	\$1,150	\$1,800

Note: There will be a \$100 discount per family for those families registered NO LATER THAN July 28, 2017. Registration will only be accepted with the proper deposit and completed Payment Authorization Form.

Tuition Calculator

Number of children K – 2nd grade _____ X \$575 Member \$ _____
 Number of children K – 2nd grade _____ X \$900 Non-Member \$ _____

Number of children 3 - 8 grade _____ X \$1,150 Member \$ _____
 Number of children 3 - 8 grade _____ X \$1,800 Non-Member \$ _____

Total Tuition..... \$ _____

\$150 deposit per child Number of Children _____ x \$150 = -- \$ _____
(Must be returned with this application)

\$100 registration discount per family -- \$ _____
 (application must be submitted with deposit by July 28, 2017)

Total Remaining Balance..... \$ _____

Are you applying for a Federation Scholarship? Yes No

If you checked YES, please complete enclosed Federation Scholarship Application and return with Religious School Registration. Any money granted through scholarship will be deducted from your total remaining balance and will not replace a payment.

TERMS OF ENROLLMENT

Any outstanding balance from the past school year must be paid before 2017-2018 school registration can be processed. If you have questions, please call the Beth Ahm Executive Director, David Goodman at (248) 851-6880. *Full payment is always appreciated.*

A non-refundable deposit of \$150 per student is required at the time of registration. The full year's tuition will be due in accordance with the attached payment authorization form. With the exception of relocation of the family, **no refunds will be made.**

Membership rates only apply to members in good standing, i.e. all outstanding obligations must be paid by July 28, 2017. If obligations are not met by stipulated date, then non-member rates will be charged.

PARENT(S) or GUARDIAN(S) SIGNATURE: _____ DATE: _____

**CONGREGATION BETH AHM
NATALIE & MANNY CHARACH RELIGIOUS SCHOOL**

PAYMENT AUTHORIZATION FORM

Dear Parents:

Welcome to a very exciting program which is planned for your child's 2017-2018 religious school year. You can be assured that our staff will strive to provide the best possible educational experience for your child.

Tuition for the 2017-2018 school year is payable in three equal installments as detailed on the application. The first payment is due on or before September 1, 2017; the second payment is due on or before November 17, 2017; the third payment is due on or before January 12, 2018. If you need to set up different payment arrangements, please speak to David Goodman, the Beth Ahm Executive Director.

Our staff looks forward to sharing an educational and nurturing year with you and your child(ren).

You have the following options available for payment. *Please indicate your choice:

- A. () Three pre-authorized charges to your Visa/MasterCard account.
- B. () Three post-dated checks (checks must be attached to this form).

Visa/MasterCard account #

Expiration date

SEC code

Name as it appears on card

Authorized signature

Billing address of credit card – please include zip code

**THIS FORM MUST ACCOMPANY YOUR
RELIGIOUS SCHOOL REGISTRATION**

**Congregation Beth Ahm
Natalie & Manny Charach Religious School
Health History and Medical Information Form
2017-2018 School Year**



This information is gathered to assist us in emergency situations. Please understand, the more information we have the better able we are to ensure a safe and healthy school. This form is to be completed by a parent/guardian. We are required to obtain this information every year. **Please fill out one (1) health history/medical information form per child. Do not put multiple children on the same form.** Thank you for your cooperation.

Date: _____

Student Name

Last _____ First _____ Middle _____

Gender: M F Birth Date _____

Custodial Parent/Guardian _____

Home Phone _____ Work Phone _____

Cell Phone _____ Pager _____

Second Parent/Guardian _____

Home Phone _____ Work Phone _____

Cell Phone _____ Pager _____

Name of Person(s) to whom child may be released:

EMERGENCY CONTACT INFORMATION

If Parent(s)/Guardian(s) are not available in an emergency, please contact:

Name _____

Relationship _____

Home Phone _____ Work Phone _____

Cell Phone _____ Pager _____

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier/plan name _____

Group # _____ Policy # _____

Carrier Address _____

Claims/Phone Authorization # _____

Name of Insured _____

Relationship to Student _____

IMPORTANT – THIS SECTION MUST BE COMPLETED FOR ATTENDANCE

PARENT/GUARDIAN AUTHORIZATIONS:

This health history is correct and complete as far as I know. The person herein described has permission to engage in all school activities except as noted. I hereby give permission to the school to provide routine first aid (band-aids etc.) and to seek emergency medical treatment should it become necessary. I am aware that Congregation Beth Ahm will not provide my child prescribed medications. I agree to the release of any records necessary for insurance purposes. I give permission to the school to arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician/health care provider selected by the school to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for school sponsored trips.

Signature of Parent/Guardian _____

Printed Name _____ Date _____

See reverse side →

ALLERGIES - Please describe reaction and management of the reaction.

MEDICATION ALLERGIES

(e.g. penicillin, sulfa, amoxicillin etc.)

FOOD ALLERGIES

(e.g. nuts, wheat, eggs, etc.)

OTHER ALLERGIES

(e.g. Hay Fever, Insect stings, dust, mold, etc.)

HEALTH HISTORY

The following information must be filled in by the parent/guardian. The intent of this information is to provide school personnel the background to provide appropriate care. More and more people are availing themselves of the service of psychiatrists, psychologists, social workers and counselors to deal with a variety of complex issues and emotional difficulties. It is therefore necessary that a candid description of past, present and potential difficulties be honestly described for the confidential use of the professional staff, to enable us to intelligently and sensitively work with your child should any problems arise. At the discretion of the Head of School, the information on this form will be shared with your child's teacher(s) and anyone else the Head of School deems appropriate. If you do not want certain information shared, please indicate so.

GENERAL QUESTIONS – Please indicate if the student currently has or has had the following medical conditions.

Medical condition	Yes	No
Any recent injury, illness or infectious disease		
Chronic or recurring illness/condition		
Wear glasses, contacts or protective eye wear		
Hearing difficulty or ear problems		
Chronic nosebleeds or nose problems		
Seizures/convulsions		
Back problems		
Treatment for drug/alcohol abuse		
An orthodontic appliance being brought to school		
Diabetes		
Asthma		
Emotional difficulties for which professional help was sought		
Diagnosed with ADD or ADHD		
Learning difficulties or speech difficulties		

Please explain any "yes" answers, noting the number of the question being addressed.

_____ To provide your child with the best possible educational experience, please indicate if your child has an IEP (individualized educational plan) in their primary school. Please attach a copy of the current IEP so that you child's religious school teacher can be aware of and be consistent with the strategies being used in your child's primary school.