



**TEMPLE SHIR SHALOM**  
**STUDENT ENROLLMENT VERIFICATION**  
**SHORESH: 2011 - 2012**



**PLEASE VERIFY THE FOLLOWING INFORMATION. IF THERE ARE ANY CHANGES, PLEASE MAKE THE APPROPRIATE CORRECTIONS, SIGN AND DATE AT THE BOTTOM. PLEASE RETURN TO TEMPLE BY JUNE 17<sup>TH</sup>.**

STUDENT NAME(S): \_\_\_\_\_

PARENT 1 / GUARDIAN 1 _____	PARENT2 / GUARDIAN 2 _____
ADDRESS _____	ADDRESS _____
CITY, ZIP _____	CITY, ZIP _____
HOME PH. _____	HOME PH. _____
WORK PH. _____	WORK PH. _____
CELL PH. _____	CELL PH. _____
E-MAIL _____	E-MAIL _____
STEP PARENT (if applicable) _____	STEP PARENT (if applicable) _____

**I have double checked the above information and it is correct.**

If parents are separated, divorced or one or both are deceased, please specify and note child's living arrangements.

\_\_\_\_\_  
 \_\_\_\_\_

SHIR SHALOM HAS OUR PERMISSION TO PUBLISH OUR CONTACT INFORMATION IN THE RELIGIOUS SCHOOL DIRECTORY  YES  NO

IF MORE THAN ONE ADDRESS – PLEASE SPECIFY WHICH ADDRESS

PARENT /GUARDIAN 1     PARENT /GUARDIAN 2     BOTH

**TREATMENT PERMISSION FORM**

In case of an injury or illness involving my child(ren), when neither parent / guardian can be reached at the phone numbers shown on this form, we authorize the attending physician and hospital personnel to take such action and give such treatment as they deem advisable for our child(ren)'s comfort and well-being. Furthermore, we agree to pay any and all charges which result from such treatment.

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_

Contract #: \_\_\_\_\_ Group #: \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Emergency contact to be called when parent(s) / guardian(s) cannot be reached:

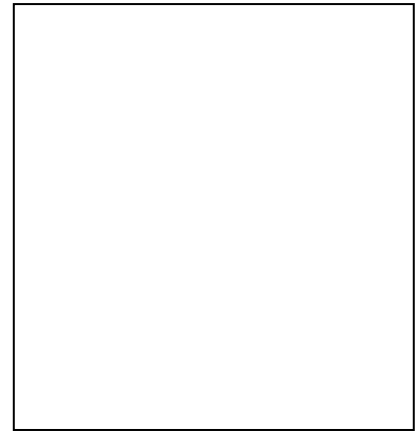
Name \_\_\_\_\_ Relationship to child(ren) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_  
 PARENT / GUARDIAN SIGNATURE                      DATE

<b>For office use only</b>	date rec'd _____
AA _____	PP <input type="checkbox"/> PF <input type="checkbox"/> FS <input type="checkbox"/> Other _____
IS _____	MM <input type="checkbox"/> XL <input type="checkbox"/> _____

**2011 – 2012**  
**STUDENT INFORMATION**  
**PLEASE COMPLETE ONE FORM PER CHILD**  
**PLEASE RETURN TO TEMPLE BY JUNE 17<sup>TH</sup>**



**please include photo**

Name \_\_\_\_\_

Nickname \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Grade Level \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_

School \_\_\_\_\_

I am a  new student  returning student

Student E-Mail \_\_\_\_\_

Student Cell Phone \_\_\_\_\_

Are there any special health matters which we should be aware of? Physical restrictions?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In order to better serve your child, please list and explain any learning differences (e.g. learning disabilities, behavior disorders, ADD, ADHD, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please let any diet specifications, food allergies, etc that we need to know about.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We will try to honor one class request per student, especially when students request each other. No more than 2 requests will be accepted. These requests are for Judaic studies only.

1) \_\_\_\_\_

2) \_\_\_\_\_

**4<sup>TH</sup> – 6<sup>TH</sup> GRADERS ONLY**

Please choose **ONE** area of interest:

- Performing Arts       Creative Arts       Sports

# SHORESH FEES 2011 - 2012




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Parents / Guardians Names

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Child(ren)'s Name(s)

**PLEASE COMPLETE THIS CARD AND INCLUDE WITH YOUR PAYMENT**

Include this card with your enrollment form and your tuition payment. Tuition must be **paid in full by August 19<sup>th</sup>**. Dues must be current in order to register.

**(Fees x Children)**

GRADE	TUITION	TOTAL
PreK (3&4 yr olds)	\$ 360 x _____ = _____	
Kindergarten	\$ 440 x _____ = _____	
1 <sup>st</sup> grade	\$ 605 x _____ = _____	
2 <sup>nd</sup> grade	\$ 605 x _____ = _____	
3 <sup>rd</sup> grade	\$ 685 x _____ = _____	
4 <sup>th</sup> grade	\$ 750 x _____ = _____	
5 <sup>th</sup> grade	\$ 765 x _____ = _____	
6 <sup>th</sup> grade	\$ 765 x _____ = _____	
7 <sup>th</sup> grade	\$ 605 x _____ = _____	
8 <sup>th</sup> grade	\$ 605 x _____ = _____	
9 <sup>th</sup> Grade	\$ 585 x _____ = _____	
10 <sup>th</sup> Grade with Confirmation	\$ 740 x _____ = _____	
11 <sup>th</sup> Grade	\$ 585 x _____ = _____	
12 <sup>th</sup> Grade with Graduation	\$ 710 x _____ = _____	
7 <sup>th</sup> gr Hebrew 1 Trimester	\$ 85 x _____ = _____	
7 <sup>th</sup> gr Hebrew 2 Trimesters	\$ 170 x _____ = _____	
7 <sup>th</sup> gr Hebrew 3 Trimesters	\$ 255 x _____ = _____	
Donation (to assist families in need with Religious School)		_____
<b>TOTAL:</b>		_____

**2011 – 2012 SHORESH SCHOOL**  
**VOLUNTEER SIGN-UP SHEET**



Calling all MOMS, DADS, GRANDPARENTS, RETIRED PEOPLE, YOUNG ADULTS -- anyone who enjoys volunteering time for the good of our Religious School students. We need YOU to help us offer our children safe, educational and enriching programs. Below are various tasks that require, in most cases, just a few hours of your time. Please take the time to fill out the sheet and return it to the Religious School office. On behalf of our students, we thank you in advance for your time.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

\_\_\_ Family Programs. Help with individual grade related Family programs.

\_\_\_ Parking Lot Monitor at The Corners. Help ensure the safety of our students once or twice a month on Sunday morning (9:15-9:45 and/or 12:00-12:30) by directing traffic and serving as a crossing guard.

\_\_\_ Building Greeter. Serve as a greeter on Sunday morning to welcome others and make sure that they know where they are going.

\_\_\_ Kitchen Assistant. Help prepare and deliver snacks in the kitchen on Sunday mornings.

\_\_\_ Honors Shabbat Programs. Help coordinate desserts for Religious School Shabbat Programs.

\_\_\_ Office Assistant. Help with various tasks in the school office, during the week, such as photocopying, stocking shelves, mailings, phone calling, etc.

\_\_\_ Share your talents with the students. We're looking for specialists in performing arts, creative arts, visual arts and sports. Chefs, musicians, storytellers and more. If you have a hobby that's you'd be interested in sharing, let us know what it is.

\_\_\_ Shoresh Substitute Teacher

\_\_\_ Grandparents – we are currently planning intergenerational programming for the 2011-2012 school year and are looking for a few grandparents who are interested in volunteering with teachers and students 1x/year to 1x/month.

\_\_\_\_\_  
Name of Grandparent

\_\_\_\_\_  
Phone Number of Grandparent

\_\_\_ Other \_\_\_\_\_



# COMMUNICATION RELEASE FORM SHORESH

Student Name: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Parent / Legal Guardian – Please read carefully the release statements below. Then complete, sign, and turn in to the school office. Please complete ONE release for each child. Your decisions will hold true for the years your student is attending this school unless removed in writing. **IN THE FIRST FOUR CHOICES, STUDENTS MAY BE IDENTIFIED BY NAME.**

*IN AN EDUCATIONAL SETTING, THE STUDENT LISTED ABOVE MAY:*

Be photographed for use in print publications, including, but not limited to yearbooks, school directories and newsletters, published and distributed by Temple Shir Shalom.  Yes  
 No

Be photographed for use by newspapers / magazines and their web pages.  Yes  
 No

Be interviewed, identified and / or videotaped by broadcast television reporters.  Yes  
 No

Have **classroom work** displayed in the Temple, on the Temple Shir Shalom website, on the local cable education access channel or in non-commercial promotional materials created by Temple Shir Shalom.  Yes  
 No

Be photographed or videotaped as part of a Temple Shir Shalom digital media or multimedia release, including but not limited to DVD's, CD's, TV and the Temple Shir Shalom web page.

OK to be included if **NOT** identified by name:  Yes  
 No

OK to be included if identified by name:  Yes  
 No

The undersigned also hereby releases Temple Shir Shalom, its employees and agents, from any and all claims, which may now or hereafter arise out of or in connections with the publication, broadcast and dissemination of said conditions in the manner described above.

\_\_\_\_\_  
Signature (Legal Guardian if child is under the age of 18)

\_\_\_\_\_  
Date

Jewish Federation of Metropolitan Detroit  
**Jewish Education Scholarship Application Form**  
2011-2012

**PLEASE COMPLETE ONE APPLICATION PER CHILD**  
**(Copy if Needed)**

I. STUDENT INFORMATION

Student's Name \_\_\_\_\_

Grade in Public School in year(s) 2011-2012 \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (zip)

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

II. FAMILY INFORMATION

A. Total number of children in family \_\_\_\_\_

Name	Age	Grade	Attending Religious School in September 2011
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_  
(street) (city) (zip)

C. Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_  
(street) (city) (zip)

Home Phone \_\_\_\_\_

III. UNUSUAL FINANCIAL CIRCUMSTANCES

Please explain why you are applying for an Educational Scholarship by telling us any information that would be helpful for us to know. This might include unusual expenses you have had in the past year, or expect in this year, significant changes in income in recent years or expected this year, illness, housing or employment difficulties, debts, support of aged relatives, etc. (please attach additional pages if needed).

IV. PARENTAL VERIFICATION

We have checked this application and affirm that the information given is complete and correct.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

OFFICE COMMENTS/OFFICE USE ONLY

Date Received \_\_\_\_\_

AA \_\_\_\_\_ IS \_\_\_\_\_