



The Polsky Religious School of Conservative Judaism  
14200 Lamar Ave  
Overland Park, KS 66223 913-647-7279

Dear Parents,

Shalom and welcome! We look forward to a beautiful year of learning together.

At our nationally-recognized religious school we strive to pave the way for future generations of Jewish children to become committed and involved Jews. We instill a sense of Jewish pride by engaging our children with our rich Jewish heritage; Torah, Hebrew, Israel and Jewish ritual are the pillars on which the curriculum stands. Our faculty of outstanding teachers is eager to connect with your child.

Attached are your 2018-19 enrollment forms, please fill them out entirely (if you haven't done so already) and return them to the school office by June 29, 2018.

#### ENROLLMENT REQUIREMENTS

- **All past-due Polsky Religious School fees must be paid in full before students are allowed to re-enroll.**
- Payment arrangements must be made at the time of enrollment.
- Accepted forms of payment are by check, ABT or credit card.
- Forms for additional children are available on our website at [www.bethshalomkc.org](http://www.bethshalomkc.org).
- Scholarship needs can be met (for families in good standing) by submitting a confidential application in July. Call the school office or Executive Director, Bernie Fried, for more information or to receive an application.

#### FEES FOR 2018-19 SCHOOL YEAR

Kindergarten-2<sup>nd</sup> grades - \$540 + \$50 Activity Fee = \$590 total

Grade 7 - \$850 + \$50 Activity = \$900 Total

Grades 3-6 and 8-9 - \$1155 + \$50 Activity Fee = \$1205 total

Confirmation Class - \$1500 trip + \$200 Confirmation Fee + \$50 Activity Fee += \$1750

Confirmation Class w/o trip - \$200 tuition + \$200 Confirmation Fee + \$50 Activity Fee = \$450

K-9<sup>th</sup> grade HBHA students wishing to attend the PRS should contact us for more information on fees

Ohev Sholom families should contact Steve Berman at 913-642-6460 for fee information

If you have any questions about enrollment/tuition, call the school office at 913-647-7279, or if you have questions about our program/curriculum, please call me at 913/647-7290.

B'Shalom,

Hazzan Tahl Ben-Yehuda

Director of Congregational Learning

# 2018/19 ENROLLMENT FORM

TODAY'S DATE \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

STUDENT'S HEBREW NAME \_\_\_\_\_ STUDENT E-MAIL \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_

PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ CELL ( \_\_\_\_\_ ) \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_ GRADE IN FALL '18 \_\_\_\_\_

SIBLINGS (LIST) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PARENTS OR GUARDIANS

PARENT 1 \_\_\_\_\_ PARENT 2 \_\_\_\_\_

HEBREW NAME \_\_\_\_\_ HEBREW NAME \_\_\_\_\_

ADDRESS (if diff. from above) \_\_\_\_\_ ADDRESS (if diff. from above) \_\_\_\_\_

CELL ( \_\_\_\_\_ ) \_\_\_\_\_ CELL ( \_\_\_\_\_ ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ OCCUPATION \_\_\_\_\_

WORK PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ WORK PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

FAX \_\_\_\_\_ FAX \_\_\_\_\_

COMMENTS: Is there any information you can give us to better facilitate your child's education? (For example, a special friend, etc.) Does your child have special learning needs? If you need more space, continue on the back.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# HEALTH FORM 2018/19

Student's name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_

Cell Number (\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_

Health Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Name of policy holder \_\_\_\_\_ Ins. Co. Phone # (\_\_\_\_) \_\_\_\_\_

**Date of last Tetanus shot \_\_\_\_\_ Child's weight \_\_\_\_\_ lbs.**

Does your child currently have or ever been treated for:

\_\_\_\_\_ Surgery      \_\_\_\_\_ Serious Illness      \_\_\_\_\_ Hyperactivity      \_\_\_\_\_ Frequent headaches  
\_\_\_\_\_ Allergies      \_\_\_\_\_ Asthma      \_\_\_\_\_ Seizures      \_\_\_\_\_ Diabetes

Other \_\_\_\_\_

If you answered yes to any of the above, please explain:

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

Current medication(s), dosage, & reason prescribed \_\_\_\_\_

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

Name of physician \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

**IN CASE OF AN EMERGENCY (PARENTS WILL BE NOTIFIED FIRST), PLEASE LIST EMERGENCY CONTACTS WE CAN REACH BESIDE YOURSELVES (PLEASE CONTACT THE SCHOOL OFFICE IMMEDIATELY WITH ANY CHANGES):**

1) \_\_\_\_\_ HOME PHONE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

2) \_\_\_\_\_ HOME PHONE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

In order to optimize your child's learning environment, please identify any special services s/he receives in public school such as the gifted program, learning center, remedial reading, resource room, or IEP **(if your child has an IEP, PLEASE ATTACH A COPY TO THIS FORM).**

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

Parent/Guardian Signature \_\_\_\_\_

**AUTHORIZATION TO PERMIT EMERGENCY MEDICAL CARE OR TREATMENT AND RELEASE OF INFORMATION FOR MEDIA AND OTHERWISE**

To Whom It May Concern:

Effective from August 19, 2018 through May 5 2019; we \_\_\_\_\_

and \_\_\_\_\_, the parents and/or legal guardians of \_\_\_\_\_, do hereby grant Congregation Beth Shalom ("CBS"), its agents, servants, and employees, the authority to direct, authorize and permit any medical care or treatment for our child, \_\_\_\_\_ ("Child") while in its care. We hereby agree to assume all financial responsibility for such care or treatment on behalf of our Child and to either pay the medical provider directly or to reimburse CBS, its agents, servants, and employees for any reasonable and necessary medical expenses incurred by it on behalf of our Child.

We also do hereby grant CBS, its agents, servants, and employees, the authority to remove our Child from its facilities while in its care in the event of any emergency which, in the sole and exclusive opinion of CBS, its agents, servants, and employees, necessitates such removal. We hereby agree that CBS, its agents, servants, and employees, may transport our Child to such other locations as may be deemed necessary in order to safeguard our Child from the known or perceived threats or risks to their safety.

### **Media**

We also do hereby consent that any information or images relating to our Child may be reproduced by CBS and/or the public media for use in advertising, publicity, or educational activities including, but not limited to, CBS publications and/or videos, prints, television news and websites. Furthermore, we hereby consent that such images are the property of CBS and that CBS shall have the right to sell, duplicate, reproduce in the form of advertising, or otherwise publish and make other uses of such images as CBS may desire. We agree to waive any claims we may have and release CBS, its agents, servants, and employees, from any liabilities or claims arising out of such activities.

The Family Educational Rights and Privacy Act ("FERPA"), a federal law, requires that schools, with certain exceptions, obtain my written consent prior to disclosure of personally identifiable information from my Child's educational records. With this in mind, I agree that CBS may disclose appropriately designated "directory information" by my signature below. CBS has designated the following information as directory information: student's name, grade level, whether they are a student in good standing, and whether and when the student has graduated. A photocopy of this authorization shall be of the same force and effect as an original for purposes of authorizing and permitting the medical care or treatment requested for our Child.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

**THE POLSKY RELIGIOUS SCHOOL WILL BE IN SESSION ON THE FOLLOWING DAYS/TIMES:**

<b><u>SUNDAY</u></b>	<b>9:00 AM</b>	<b>FAMILY BREAKFAST</b>
	<b>9:30 AM-10:00 AM</b>	<b>FAMILY TEFILLOT</b>
	<b>10:00-12:15 PM</b>	<b>K-10<sup>TH</sup> GRADE CLASSES</b>
<b><u>WEDNESDAY</u></b>	<b>4:15-6:15 PM</b>	<b>3<sup>RD</sup>-7<sup>TH</sup> GRADE CLASSES</b>

<b><u>MONTH</u></b>	<b><u>SUNDAYS—K-10<sup>th</sup></u></b>	<b><u>WEDNESDAYS—3<sup>rd</sup>-7<sup>th</sup></u></b>
<b>August</b>	<b>19 Back to School for all</b> <b>26 Day of Discovery at JCC—K-7 encouraged to attend</b>	<b>22 &amp; 29</b>
<b>September</b>	<b>16, 23 &amp; 30</b>	<b>5 &amp; 26</b>
<b>October</b>	<b>7, 14, 21 &amp; 28</b>	<b>3, 10, 17, 24 &amp; 31</b>
<b>November</b>	<b>4, 11 &amp; 18</b>	<b>7, 14 &amp; 28</b>
<b>December</b>	<b>2</b> <b>SHABBAT SCHOOL ON 12/8</b> <b>16—<u>K-7<sup>th</sup> grade only in session</u></b>	<b>5, 12 &amp; 19</b>
<b>January</b>	<b>13</b> <b>SHABBAT SCHOOL ON 1/26</b>	<b>9, 16 &amp; 30</b> <b>23<sup>rd</sup> Parent/Teacher/Student Conferences</b>
<b>February</b>	<b>3, 10 &amp; 24</b>	<b>6, 13, 20 &amp; 27</b>
<b>March</b>	<b>3, 24 &amp; 31</b>	<b>6, 20 &amp; 27</b>
<b>April</b>	<b>7 &amp; 14</b>	<b>3, 10 &amp; 17</b>
<b>May</b>	<b>5 (final day of classes K-9<sup>th</sup>)</b>	<b>1</b>

We will **NOT** be in session as follows:

- September 2 (Labor Day Weekend),**
- September 9 & 12 (Rosh HaShanah)**
- September 19 (Yom Kippur)**
- October 1 (congregational Sukkot activity will take the place of formal classes)**
- November 21 & 25 (Thanksgiving break)**
- December 9 (day after Shabbat School)**
- December 23, 26 & 30 (Winter Break)**
- January 2 & 6 (Winter Break)**
- January 20 (Martin Luther King, Jr. Weekend)**
- January 23 (3<sup>rd</sup>-7<sup>th</sup> Grade Parent/Teacher/Student Conferences—no formal classes)**
- January 27 (Day after Shabbat School)**
- February 17 (Presidents' Day Weekend)**
- March 10, 13 & 17 (Spring Break)**
- April 21, 24 & 28 (Passover Break)**