



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 2019-20 enrollment forms, please fill them out entirely (if you haven't done so already) and return them to the school office by June 1, 2019.

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.
- 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 2019-20 SCHOOL YEAR

Kindergarten-2nd 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-9th 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 Polsky Religious School, please call Hazzan Tahl Ben-Yehuda at 913-647-7296 or email Becca Levine at blevine@bethshalomkc.org.

B'Shalom,

Hazzan Tahl Ben-Yehuda
Director of Congregational Learning

Becca Levine
Coordinator of Family Education & Engagement

2019/20 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 '19 _____

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 2019/20

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, 2019 through May 5 2020; 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 _____

****I would like the following contact information included on a PRS Family Roster that will be given to all PRS parents to be able to contact each other easily...(check the circle for all that apply)**

- ☐ Name of Parent(s)
- ☐ Name of Student(s)
- ☐ Home Phone
- ☐ Cell Phone
- ☐ Email Address
- ☐ Do not include my information in the PRS Family Roster for 2019-2020