



THE POLSKY RELIGIOUS SCHOOL of Conservative Judaism  
14200 Lamar Avenue • Overland Park, Kansas 66223 • [www.bethshalomkc.org](http://www.bethshalomkc.org)  
School (913) 647-7286 • Synagogue (913) 647-7279 • Fax (913) 647-7278



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 are eager to connect with your child.

Attached are your 2016-17 enrollment forms, please fill them out entirely and return to the school office by June 17, 2016.

#### ENROLLMENT REQUIREMENTS

- **All past-due 2015-16 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 for more information or to receive an application.

#### FEES FOR 2016-17 SCHOOL YEAR

Kindergarten-2<sup>nd</sup> grades - \$525 + \$50 Activity Fee = \$575 total

Grade 7 - \$825 + \$50 Activity = \$875 Total

Grades 3-6 and 8-10 - \$1125 + \$50 Activity Fee = \$1175 total

10<sup>th</sup> Grade Confirmation Fee: \$150 (covers the cost of class pictures & Shabbat Kiddush)

HBHA students wishing to attend the PRS should contact us for more information on fees/application

If you have any questions about enrollment/tuition, call 913-647-7286, 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



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## 2016/17 ENROLLMENT FORM

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

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

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

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

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

SCHOOL ATTENDING \_\_\_\_\_ GRADE IN FALL '16 \_\_\_\_\_

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 2016/17

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 \_\_\_\_\_



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

To Whom It May Concern:

Effective from August 23, 2016 through May 7, 2017; 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:**

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

<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>
August	none	24 & 31
September	11 (K-2 & 8-10 begins) 18 & 25	7, 14 21 & 28
October	9, 16, 23 & 30	19 & 26
November	6, 13 & 20	2, 9, 16 & 30
December	4, 11 & 18	7 & 14
January	8, 22 & 29	11, 18 (parent/student/teacher conferences) & 25
February	5, 12 & 26	1, 8, 15 & 22
March	5 & 26	1, 8, 22 & 29
April	2, 23 & 30	5, 19 & 26
May	7 (last day for K-10)	3

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

September 4 (Labor Day Weekend)  
 October 2, 5 & 12 (High Holiday Season)  
 November 23 & 27 (Thanksgiving break)  
 December 21, 25 & 28 (Winter Break)  
 January 1 (Winter Break) & 4 (Staff In-Service)  
 January 15 (Martin Luther King, Jr. Weekend)  
 February 19 (Presidents' Day Weekend)  
 March 12, 15 & 19 (Spring Break)  
 April 9, 12 & 16 (Passover Break)