



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



Dear Polsky Religious School 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.
- 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 2015/16 SCHOOL YEAR

Kindergarten-2nd 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

10th 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.



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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-10TH GRADE CLASSES
WEDNESDAY 4:15-6:15 PM 3RD-7TH GRADE CLASSES

<u>MONTH</u>	<u>SUNDAYS—K-10th</u>	<u>WEDNESDAYS—3rd-7th</u>
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)