

**Kol Shalom Talmud Torah
2019-2020/5780
Enrollment Packet**

Please fill out and email to Mindy at mindy@kolshalom.com or drop off at the Kol Shalom office.

If you have any questions, please call synagogue office at 301.309.9110

Our Mission

“If you truly wish your child to study Torah, study it yourself in their presence.”
-Rabbi Menachem Mendel

The Kol Shalom Talmud Torah (KSTT) provides a rich and inspiring learning environment for children and their families. Our curriculum is designed to impart both knowledge and hands-on experiences that will foster a lifelong commitment and love for Jewish learning, practice and values.

Please return the following forms, along with the \$50 registration fee
by **August 19, 2019**

You must complete **ALL** forms, even for returning students.

Registration Form Emergency/Medical Student Profile

We look forward to seeing you this Fall!

The KSTT Academic Year will begin on **Wednesday, September 4, 2019 for grades 3-7 and Sunday, September 8, 2019 for Gan-2.** We meet at 9110 Darnestown Road, Rockville, MD 20850.

Grade	Days	Times	Tuition	Book Fee	Reg. Fee
Gan	Sundays	9:00am – 12:15pm	\$560	\$50	\$0
1 st	Sundays	9:00am – 12:15pm	\$1000	\$50	\$50
2nd	Sundays	9:00am – 12:15pm	\$1000	\$50	\$100
3 rd through 7 th	Sundays Wednesdays	9:00am – 12:15pm 4:30pm – 6:15pm	\$1700	\$50	\$100

Payment Arrangements

Kol Shalom is committed to supporting the Jewish Education of our children. We also recognize the cost to families to provide this wonderful educational opportunity. We ask that all parents commit to paying their financial obligations (dues, tuition, fees) no later than the end of the school year. If you need special arrangements, please contact Deb Finkelstein at deb@kolshalom.com or 301.309.9110.

Kol Shalom Talmud Torah 2019-2020/5780
Student Information

Student:

Last Name _____ First Name _____

Hebrew Name _____ Date of Birth _____

Age ____ Name of Secular School _____ Grade, Fall '19 _____

My child will be registering for KSTT grade _____ for the 2019-2020 year.

Synagogue Affiliation: Kol Shalom Other Synagogue Unaffiliated

Did your child attend Hebrew School in 2018-19? Yes No if yes, where?

Home Information/Adult #1 Relationship to Student: _____

Last Name _____ First Name _____

Cell phone _____ Home phone _____ Work phone _____

Street Address _____

City, State, Zip _____

Email address _____

Home Information/Adult #2 Relationship to Student: _____

Last Name _____ First Name _____

Cell phone _____ Home phone _____ Work phone _____

Street Address _____

City, State, Zip _____

Email address _____

Photo Authorization: I hereby give permission to Kol Shalom to use photos of my child taken at Kol Shalom Talmud Torah and/or during KSTT events in promotional publicity and ads.

Signed: _____ **Date:** _____

**Kol Shalom Talmud Torah 2019-2020/5780
Emergency/Medical Form**

Must be completed fully by all students

Every K-7th grade student of KSTT must have this form on file in order to ensure his/her safety during school-sponsored programs.

In the event that I cannot be reached in an emergency, I hereby give permission for my child _____, a student at the Kol Shalom Talmud Torah, to be transported to a hospital or physician's office for treatment. I hereby release Kol Shalom and its employees from liability in the case of an accident involving my child while he or she is participating in any school sponsored activity.

Signature: _____ **Date:** _____

Student's Physician _____

Physician's

Address _____

Phone _____

Insurance Carrier: _____ Group/ID# _____

Emergency Contacts

Name _____

Relationship to Student _____ Phone _____

Name _____

Relationship to Student _____ Phone _____

Name _____

Relationship to Student _____ Phone _____

Please list any food, drop or other allergies _____

Please list any medications your child is currently taking and any health concerns _____

**Kol Shalom Talmud Torah 2019-2020/5780
Student Profile**

Check here if this is your child's first year at KSTT

It would be helpful for the KSTT teaching staff to know more about your child. Please answer the following questions as completely as possible. Feel free to provide additional information or reports if you believe that would help us teach your child more effectively. **If you answer "yes" to any of the following questions, please explain in detail. All information will be kept strictly confidential.**

1. Does your child have any learning difficulties? Does your child receive any special education services at their school?

2. Does your child have any physical challenges?

3. Are there any situations at home that the school should know about?

4. What is your child's reading level in English?
 Above grade level On grade level Below grade level

5. Describe your child's learning style.

6. How can the teacher make your child's Talmud Torah experience successful?