



# Temple Israel

A PROGRESSIVE CONSERVATIVE SYNAGOGUE

50 S. Moss Road  
Winter Springs, FL 32708-3002  
407-647-3055 • Fax: 407-647-8542  
Email: Templeisrael@Tiflorida.org  
www.Tiflorida.org



## School Year 2009-2010

Dear Parents,

The school year 2009-2010 promises to be meaningful and exciting. Temple Israel Religious School, the only accredited religious school in Central Florida, is committed to provide for your children's educational needs. We have many outstanding programs planned for this year.

Please fill out the following forms and return them to the Religious School office as soon as possible:

1. Registration Form
2. Schedule and Tuition 2009-2010

A welcome back open house will be held Sunday, August 23, 2009. The first day of school for grades 2<sup>nd</sup>-7<sup>th</sup> will be Wednesday, August 26, 2009. The first day of school for grades pre-K through 2<sup>nd</sup> grade will be Sunday, August 30, 2009. Once your registration information has been received, additional information will be forthcoming.

If you have any questions regarding our school, please feel free to call 407-647-3055 or contact Amanda Hoffman, Vice President of Education at 407-327-6223.

If you know anyone who is looking for a religious school, please invite them to call.

We look forward to many learning opportunities together.

B'Shalom,

Amanda Hoffman  
Vice President of Education







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## Schedule & Tuition 2009-10 (One for each child)

Student name- Last	First	Middle	Hebrew (in English)
Age	birth date (mm-dd-yyyy)	Grade in public school in Sept	

### Members in good standing – Check class attending

<u>GRADE</u>	<u>AGE</u>	<u>DAYS AND HOURS</u>	<u>TUITION</u>	
Pre-K	4 year olds	Sundays 9:00-12:00 noon	N/C	_____
Kindergarten	5 year olds	Sundays 9:00-12:00 noon	N/C	_____
Grade 1	6 year olds	Sundays 9:00-12:00 noon	N/C	_____
Grade 2	7 year olds	Wednesday 4:00-6:30 pm Sundays 9:00-12:00 noon	N/C	_____
Grade 3	8 year olds	Wednesday 4:00-6:30 pm Sundays 9:00-12:00 noon	N/C	_____
Grade 4	9 year olds	Wednesday 4:00-6:30 pm Sundays 9:00-12:00 noon	N/C	_____
Grade 5	10 year olds	Wednesday 4:00-6:30 pm Sundays 9:00-12:00 noon	N/C	_____
Grade 6	11 year olds	Wednesday 4:00-6:30 pm Sundays 9:00-12:00 noon	N/C	_____
Grade 7	12 year olds	Wednesday 4:00-6:30 pm Sundays 9:00-12:00 noon	N/C	_____

### Students currently enrolled at Hebrew Day School in 7th Grade

<u>GRADE</u>	<u>AGE</u>	<u>DAYS AND HOURS</u>	<u>TUITION</u>	<u>CLASS</u>
Grade 7	12 year olds	Sundays 9:00-12:00 noon	N/C	_____

### Non-Members - Circle one

<u>GRADE</u>	<u>AGE</u>	<u>DAYS AND HOURS</u>	<u>TUITION</u>	<u>CLASS</u>
Pre-K thru Grade 1	4, 5, 6 year olds	Sundays 9:00-12:00 noon	\$300.00	_____
Grades 2 thru 5	7, 8, 9,10 year olds	Wednesday 4:00-6:30 pm Sundays 9:00-12:00 noon	\$450.00	_____

**\*One year FREE TUITION for Non-Members (Pre-K thru 5<sup>th</sup> Grade)**

**Temple Israel Religious School**  
**Emergency Medical Information 2009-10 (2 per student)**

**Student  
Photo**

Name of Student (last) First Middle

Name of Physician Phone

Address (Physician) City Zip

Name of Dentist Phone

Address (Dentist) City Zip

If injury or illness is minor, do you authorize Temple Israel to administer first aid?  Yes  No

If injury or illness is serious & you can't be reached, do you wish your personal physician or dentist to be contacted?  Yes  No

Please explain any allergies or medical conditions of which the school needs to be aware:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance carrier:

Policy number:

Please turn form over Please turn form over 

**Temple Israel Religious School**  
**Emergency Medical Information 2009-10 (2 per student)**

**Student  
Photo**

Name of Student (last) First Middle

Name of Physician Phone

Address (Physician) City Zip

Name of Dentist Phone

Address (Dentist) City Zip


If injury or illness is minor, do you authorize Temple Israel to administer first aid?  Yes  No

If injury or illness is serious & you can't be reached, do you wish your personal physician or dentist to be contacted?  Yes  No

Please explain any allergies or medical conditions of which the school needs to be aware:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance carrier:

Policy number:

Please turn form over Please turn form over 

**If you cannot be reached in case of an emergency, give the name(s) of the person(s) to be notified and/or to whom the child can be released:**

1.	Name	(Relationship)	Phone
	Address	City	Zip
2.	Name	(Relationship)	Phone
	Address	City	Zip
3.	Name	(Relationship)	Phone
	Address	City	Zip

I hereby grant permission to Temple Israel to call a physician/dentist for necessary medical care or hospitalization for my child in case of an emergency, after trying to notify me first. Further, I release Temple Israel; it's officers, agents and employees, from any and all liability.

Signature of Parent or Guardian	Date	
Phone #	Cell #	Pager #
Address		
City, Zip	E-mail Address	

**If you cannot be reached in case of an emergency, give the name(s) of the person(s) to be notified and/or to whom the child can be released:**

1.	Name	(Relationship)	Phone
	Address	City	Zip
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