



Abraham Ratner Torah School

TIFERETH ISRAEL SYNAGOGUE

Dear Parents,

Thank you for choosing Abraham Ratner Torah School. Formed in 1979 by Abraham Ratner, we are one of the most deeply-rooted congregational schools in San Diego. When your child steps into our school, they will gain knowledge of Judaism and Hebrew, awareness of performing *mitzvot*, and a lifetime of Jewish friendships and memories.

Enclosed you will find enrollment information and forms for the 2010/2011 school year. Kindly return all forms by **Tuesday, June 15**. This will greatly assist us in properly planning for the coming year. Your cooperation in this will be very helpful and appreciated.

We have limited financial aid available this year. Applications can be obtained in the synagogue office upon request. The deadline for the financial aid is **Tuesday, June 15**.

In August you will receive the calendar for the 2010/2011 year and additional registration information to fill out. Your prompt response to this will be very helpful.

Our school year will begin on **Sunday, September 12, at 9:00 a.m.**

Thank you for entrusting your children to us. We are honored to be your partners in Jewish education.

B'shalom,

Ira Sherbak
Abraham Ratner Torah School Director
Tifereth Israel Synagogue
6660 Cowles Mountain Boulevard
San Diego, California 92119
619-697-6001, ext. 115
torahschool@tiferethisrael.com
www.tiferethisrael.com



Abraham Ratner Torah School

TIFEREETH ISRAEL SYNAGOGUE

2010 – 2011 / 5771 Enrollment Application

I/We wish to enroll my/our child in the Abraham Ratner Torah School for the 2010/2011 school year. I/We understand it is necessary to sign this application by Tuesday, June 15, 2010. For returning students, actual enrollment is contingent on the family's full payment of all prior year's financial obligations to Tifereth Israel Synagogue.

Please use one application per child. PRINT CLEARLY and COMPLETE THE ENTIRE FORM.

Child's Last Name _____ First Name _____

Hebrew Name _____

Male Female Birth Date _____ Child's public school grade as of September 1st, 2010 _____

Public School name and district _____

FAMILY INFORMATION

Parent 1 Name _____ Email Address _____

Street _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent 2 Name _____ Email Address _____

Street _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Do you or your child speak any language other than English? If yes, please list: _____

What is the primary language spoken at home? _____

It is the policy of Abraham Ratner Torah School for the student's family to be members of Tifereth Israel Synagogue.

Are you members? Yes No

MEDICAL & EDUCATIONAL HISTORY

Name of Physician: _____

Address: _____ Phone: _____

Name of Dentist: _____

Address: _____ Phone: _____

Does your child have any allergies? Yes No If yes, please explain: _____

Does your child have vision impairments? Yes No If yes, please explain: _____

Does your child have hearing impairments? Yes No If yes, please explain: _____

Are there any educational issues that we should know about? Yes No

If yes, please explain: _____

Does your child have an Individualized Education Plan? Yes No

Are there medical concerns? Yes No If yes, please explain: _____

Are there behavioral concerns? Yes No If yes, please explain: _____

Does your child take any prescription drugs? Yes No If yes, please list and attach a **physician's note**:

TERMS AND CONDITIONS

FEES

- | | | | |
|--------------------------|---|--------------|----------|
| <input type="checkbox"/> | 2nd Grade - 7th Grade
Wednesday 4:00 p.m. - 6:00 p.m.
Sunday 9:00 a.m. - 12:30 p.m. | Fee | \$950.00 |
| <input type="checkbox"/> | Kindergarten & 1st Grade
Sunday 9:00 a.m. - 12:30 p.m. | Fee | \$640.00 |
| <input type="checkbox"/> | Earthquake Kit | One Time Fee | \$ 12.00 |

SCHOLARSHIPS

Limited scholarships are available for TIS members only. Scholarship forms are available from the Synagogue Office and must be filled out completely and returned by **Tuesday, June 15, 2010**.

METHOD OF PAYMENT Please check one box only.

- Pay in full with **check or cash by July 15, 2010** and enjoy a 3% discount.
- Pay in full by **credit or debit card by July 15, 2010**. Please take advantage of our online payment service at www.tiferethisrael.com. Click on the "Make a Payment" button under the "Quick Links" on the left bar of the screen. We accept Visa, MasterCard and Discover.
- Pay in up to **ten equal monthly installments starting in July 2010** on _____ (choose a day) with balance paid in full no later than April 29, 2011.
Installment amount \$ _____.

Charge my/our credit card as indicated above for the 2010/2011 Torah School year.

Visa Master Card Discover (Check one and complete below.)

Name of Cardholder _____

Card # _____ Security Code _____

Expires _____ Phone _____

Billing Address _____

Signature of Card Holder

Date

I/WE HAVE READ AND AGREE TO ALL THE TERMS AND CONDITIONS HEREIN AND CONTAINED IN THE FOLLOWING PAGES, WHICH ARE MADE A PART OF THIS APPLICATION AS IF SET FORTH IN FULL AT THIS POINT.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Approved by:

Torah School Director _____

Date _____

Executive Director _____

Date _____

RECEIVED DATE _____

Class _____

ABRAHAM RATNER TORAH SCHOOL AT TIFEREETH ISRAEL SYNAGOGUE

ENROLLMENT CONTRACT 2010/2011

1. ENROLLMENT REQUIREMENTS

It is the policy of Tifereth Israel Synagogue for returning families requires that all financial obligations for the prior year to the Congregation and any of its school programs be fully paid before enrollment is accepted.

MEDICAL, INSURANCE AND EMERGENCY INFORMATION

I agree to furnish all medical, insurance and emergency information forms required by the first day of school.

Health Consent: I authorize and consent that my child _____ who is attending Abraham Ratner Torah School may receive emergency medical treatment in the event of any injury or illness. Any staff member or adult leader is granted permission to use the services of any physician or surgeon licensed under the provisions of the Medical Practice Act provided she/he is on the medical staff of a licensed hospital, or is licensed under the laws of the State of California, whether services are rendered at the office of the said physician or a licensed hospital, or on our premises or on a field trip.

Date _____ Parent/Guardian Signature _____

I hereby indemnify you and all the staff for all and any claims of any nature whatsoever resulting from any action taken above.

Date _____ Parent/Guardian Signature _____

2. TUITION PAYMENT PLANS

Abraham Ratner Torah School requires all families who do not pay tuition in full at the time of enrollment to sign up for monthly payments by authorizing monthly payments by credit/debit card.

3. CONDUCT AND BEHAVIOR

I understand that in the event my/our child is unable to conform to the rules relating to appropriate conduct and behavior or if it is determined through ongoing observation and evaluation by administration and faculty that my/our child's developmental needs cannot be met, the administration has the right to require that my/our child be withdrawn. In such event, all Tuition and fees, which are due and payable, will be prorated and rebilled to the withdrawal date.

4. ADDITIONAL CHARGES & FEES

Insufficient Funds: There will be a \$25.00 handling fee for the processing of any check returned due to insufficient funds (NSF). Upon receipt of a second NSF check, all future tuition payments must be paid by a Bank Cashiers check.

5. PHOTOGRAPH WAIVER

It is the practice of the Torah School to use photographs of students involved in school activities in its publications and in other selected media for the purpose of promoting the Torah School. Children's names are never used when appearing in publicity. I understand that I have the right to deny permission to produce and use such photographic material by so stating in writing.

6. PARENTS' HANDBOOK *(Complete Parents' Handbook may be found on our website at www.tiferethisrael.com/TorahSchool/Back2School.)*

I have received and read a copy of the Abraham Ratner Torah School Handbook, which outlines the goals, policies, procedures and expectations of Abraham Ratner Torah School, as well as my responsibilities as a parent. I have familiarized myself with contents of this handbook. By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in the handbook provided to me. I understand this handbook is not intended to cover every situation that may arise during my child/ren's enrollment at the Torah School, but is simply a general guide to the goals, policies, practices, procedures and expectations of Abraham Ratner Torah School.

Date _____ Parent/Guardian Signature _____

7. EDUCATIONAL FIELD TRIP WAIVER

My child has my permission to go on educational field trips sponsored by the Torah School. I understand that they will travel by bus or private car and be accompanied by synagogue staff and parents. I release Tifereth Israel Synagogue from all responsibility during supervised activities.

Date _____ Parent/Guardian Signature _____

It is clearly understood that no smoking or drugs (other than those prescribed by a licensed physician) will be permitted on any trip. It is also understood that in the event of behavior unacceptable to the staff, parents will be notified and the child will be sent home at the parents' expense.

8. REPORTING POLICY

California has a mandatory reporting statute. Any and all staff members must report any *suspected* physical abuse, sexual abuse or neglect to the proper authorities.

The Abraham Ratner Torah School does not discriminate on the basis of sex, race, color, national and ethnic origin.

I understand and accept the terms of this enrollment contract.

Date _____ Parent/Guardian Signature _____

Abraham Ratner Torah School of Tifereth Israel Synagogue
6660 Cowles Mountain Boulevard, San Diego, California 92119 • Phone: (619) 697-6001, ext. 115 Fax: (619) 697-1102
e-mail: torahschool@tiferethisrael.com website: www.tiferethisrael.com