

Jewish Community School of Central Oregon Religious and Hebrew School Registration for 2016-2017 School Year

Welcome back to all of our returning families, and a special welcome to our new families joining us for the first time! We are excited as we prepare for our fifth year as a Community Religious School serving all of the Jewish children of Central Oregon. We are looking forward to a successful school year and we have been working hard planning and seeking to improve our offerings.

We are a community-based coalition of parents and teachers that treasures the diversity of Jewish expression in Central Oregon. We believe that the manner in which we operate our community school is an opportunity to teach our children that it is important to be knowledgeable and respectful and to demonstrate acts of kindness. We provide Jewish and Hebrew education in a joyful and nurturing environment. Our individual, local communities all support families interested in exploring meaning and purpose through Jewish learning, ritual practices, and participating in community life.

HOW TO REGISTER STUDENTS:

1. Complete the family contact information form (pages 2 and 3) and the Course Offerings and Fees (page 4).
2. Make checks payable to your home congregation:
Congregation Shalom Bayit or Temple Beth Tikvah. Chabad Central Oregon families should pay school fees directly to Temple Beth Tikvah.
3. Mail your form with your tuition check c/o the congregation you have made your check out to.

Temple Beth Tikvah, P.O. Box 7472, Bend, OR 97708
JCCO, P.O. Box 1773, Bend, OR 97709

Because our school does not maintain orthodox mitzvah observance we cannot ask Chabad for a formal partnership or sponsorship. Our seemingly convoluted procedure simply allows for informality and informality allows us to share more deeply in Central Oregon's Jewish community life.

If you have any questions or concerns now or throughout the school year, please don't hesitate to contact me. We look forward to providing a meaningful experience for all of our families.

Thank you,

Kathy Schindel

Administrative Director, Jewish Community School of Central Oregon

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Family Contact Information Form

Parent/s Name/s: _____

Preferred Family Email/s: _____

Child 1: _____ Date of Birth: _____ Grade (in Sept): _____

Hebrew name: _____

Child 2: _____ Date of Birth: _____ Grade (in Sept): _____

Hebrew name: _____

Child 3: _____ Date of Birth: _____ Grade (in Sept): _____

Hebrew name: _____

Children's Address:

Street: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parent/s Address/es [if different from child]:

Street: _____ City: _____ Zip: _____

Doctor Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Does your child/children have any allergies or medical issues? If so, please explain.

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Parent 1: Name: _____
Home Phone: _____ Cell Phone: _____
Email: _____

Parent 2: Name: _____
Home Phone: _____ Cell Phone: _____
Email: _____

Given the size of our education program, **parent involvement is essential**. Please describe below your availability to volunteer during the school year. Activities include committee involvement, event planning, music, community projects, or any specific activity you can offer to enhance our programming. Thank you in advance for your assistance.

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=====Information For Treasurer's Use Only=====

It is our goal to make Religious School available to every family that wishes to participate. [NOTE: Scholarships are available for those in need of financial assistance. To discuss financial arrangements, please contact the Treasurer or rabbi of the congregation to which you affiliate. Congregation Shalom Bayit families contact Steven Foster-Wexler at foswex@earthlink.com or Rabbi Shupack, jshupack@juno.com. Temple Beth Tikvah and Chabad families contact Lester Dober at TBTtreasurer@gmail.com or Rabbi Hershenson, johannahershenson@gmail.com. All information will be kept strictly confidential.]

COURSE OFFERINGS AND FEES: Our fees include books and materials.

Course	Frequency	Fees
K - 7 Sunday School	Twice monthly	\$225 1st child, \$200 each additional child
Hebrew	Weekly	\$250

NAME	SUNDAY SCHOOL	HEBREW
Child 1: _____	\$225 ____	\$250 ____
Child 2: _____	\$200 ____	\$250 ____
Child 3: _____	\$200 ____	\$250 ____

Total Tuition: \$ _____

If paying **by check**, Temple Beth Tikvah families and Chabad families please make your checks payable to Temple Beth Tikvah. Congregation Shalom Bayit families please make your checks payable to Jewish Community of Central Oregon.

Please indicate one of the following:

Our family ordinarily affiliates with: _____ Chabad of Central Oregon
 _____ Congregation Shalom Bayit
 _____ Temple Beth Tikvah