

Jewish Community School of Central Oregon

Religious and Hebrew School Registration for 2018-2019 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 seventh year as a Community Religious School serving all of the Jewish children of Central Oregon. We are looking forward to a successful school year.

Religious School will meet twice monthly on Sundays from 10:00 am – 12:00 noon. Hebrew school will meet weekly on Tuesdays from 4:00 – 5:00 pm. Both meet at Shalom Bayit.

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 child and family contact information form (pages 2 and 3) and the Course Offerings and Fees (page 4).
2. Make checks payable to your affiliated congregation:
Temple Beth Tikvah or JCCO.
3. Mail your form with your tuition check to the congregation to which you have made your check out.

Temple Beth Tikvah

P.O. Box 7472

Bend, OR 97708

or

JCCO

P.O. Box 1773

Bend, OR 97709

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,

Sara Jo Slate -- Administrative Director, Jewish Community School of Central Oregon

sarajoslate@icloud.com

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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 (if known): _____

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

Hebrew name (if known): _____

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

Hebrew name (if known): _____

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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PARENTS CONTACT INFORMATION:

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 required for participation** and each family will be asked to sign-up to assist with set-up, snack, and clean up during the year. You will receive an email from our parent volunteer coordinator, Michelle Mahony, before the start of the school year.

Additional parent involvement is appreciated. Please describe below your availability to volunteer during the school year. Activities include serving on the Parent Advisory Board, event planning, music, community projects, or any specific activity you can offer to enhance our programming. Thank you in advance for your assistance.
