

# Congregation Ner Tamid Religious School

## Registration for 2018-2019

- FAMILY FUN FIRST DAY of Religious School for grades K-7 is Sunday, August 19, 2018 from 9:15 am to 12:15 pm. See what is planned for the year ahead! Meet teachers, staff, Madrichim and other families. More details to follow.
- Hebrew school for grades 4-7 on Tuesdays, begins August 21, 2018 from 4:30-6:00 pm.
- Our 8<sup>th</sup> -12<sup>th</sup> grade (Tribe program) will be starting on Sunday, August 26, 2018.

Register & Pay in full before  
June 30, 2018 and receive  
a \$50 discount per child!!!!!!



## Congregation Ner Tamid Religious School

On the Greenspun Campus for Jewish Life, Learning and Spiritual Renewal

55 N. Valle Verde Dr. Henderson, NV 89074

702-632-2250 Fax 702-632-2260 [www.lvnertamid.org](http://www.lvnertamid.org)

# Congregation Ner Tamid Religious School

## Religious School Registration Fees Form 2018-2019

Religious School Grade	Tuition-*Includes IBN or TNT membership & \$50 materials fee	Name of Child/ren	Secular School Grade	Total
Pre-Kindergarten-member	\$240			
Pre-Kindergarten-non-member	\$340			
Kindergarten (must be 5 by 9/30/16)	\$730			
Grade 1	\$730			
Grade 2	\$730			
Grade 3*	\$730			
Grade 4* INCLUDES HEBREW	\$990			
Grade 5* INCLUDES HEBREW	\$990			
Grade 6* INCLUDES HEBREW	\$990			
Grade 7* INCLUDES HEBREW	\$750			
Grade 8	\$250			
Gesher – Grade 9	\$250			
Gesher – Grade 10-CONFIRMATION	\$250			
Gesher – Grade 11	\$250			
Gesher-Grade 12	\$250			
NTTY MEMBERSHIP (9 <sup>th</sup> -12 <sup>th</sup> ) Part of Gesher	\$125			
Not part of Gesher	\$175			
			<b>TOTAL</b>	\$
			<b>Early Discount</b>	
<b>You must maintain</b>			<b>Deposit</b>	\$
<b>Membership dues to remain in good standing</b>			<b>Balance</b>	\$

Parents' Name(s): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

## CNT Religious School Family Information Form 2018-2019

In order to register your child(ren) for Religious School, you must be a member in good standing of the Temple and submit Registration Form packet, along with a deposit of \$100/child. All fees and financial commitments from the prior year must be paid in full before registration can be accepted.

Parent 1 (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent's Email \_\_\_\_\_

Home Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Parent 2 (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent's Email \_\_\_\_\_

Home Address (if different from above) \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Child(ren) reside(s) with: Both parents \_\_\_\_\_ Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_

Send Mail to: \_\_\_\_\_

Send email to: \_\_\_\_\_

Emergency Contact: (Local other than Parents)

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Publicity Release for Minors: We occasionally submit pictures of our activities for publication and/or post them on our website. Please initial for your permission to publish pictures of your child(ren).

I hereby consent to the publication of photographs by my son/daughter in the CNT Newsletter.

\_\_\_\_\_ YES \_\_\_\_\_ NO

I hereby consent to the publication of photographs, quotes and video by my son/daughter on the CNT website and social media sites for the duration of my child's enrollment. Please note if you are okay with pictures and video and name listing, or okay for pictures and videos but no names listed.

\_\_\_\_\_ YES with name \_\_\_\_\_ YES without name \_\_\_\_\_ NO

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# CNT Student Information 2018-2019

CHILD #1 \_\_\_\_\_ Boy \_\_\_\_ Girl \_\_\_\_  
First Middle Last

Hebrew Name (if known) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of September 30, 2018 \_\_\_\_\_

Name of Secular School \_\_\_\_\_ Grade in Secular School (as of 9/2018) \_\_\_\_\_

**Please provide for easy contact: (mainly for older students who have their own)**

Student's Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

CHILD #2 \_\_\_\_\_ Boy \_\_\_\_ Girl \_\_\_\_  
First Middle Last

Hebrew Name (if known) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of September 30, 2018 \_\_\_\_\_

Secular School \_\_\_\_\_ Grade in Secular School (as of 9/2018) \_\_\_\_\_

**Please provide for easy contact: (mainly for older students who have their own)**

Student's Email address: \_\_\_\_\_ Cell #: \_\_\_\_\_

CHILD #3 \_\_\_\_\_ Boy \_\_\_\_ Girl \_\_\_\_  
First Middle Last

Hebrew Name (if known) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of September 30, 2018 \_\_\_\_\_

Secular School \_\_\_\_\_ Grade in Secular School (as of 9/2018) \_\_\_\_\_

**Please provide for easy contact: (mainly for older students who have their own)**

Student's Email address: \_\_\_\_\_ Cell #: \_\_\_\_\_

If possible, please attach a photo of each child. Thank you.

**Please use back of sheet or ask for an additional form if you are registering more than 3 children. Thank you.**

# Congregation Ner Tamid Religious School

## STUDENT CODE OF RIGHTS AND RESPONSIBILITIES

Parents, teachers and children work together to create the best possible learning environment at Congregation Ner Tamid. Each group is asked to focus on the rights and responsibilities they have in creating the ideal Temple community. We recognize the following individual rights and responsibilities:

- The right to feel safe and the responsibility to make sure others feel safe.
- The right to be respected as an individual and the responsibility to respect others.
- The right to use the Temple and its grounds and the responsibility to protect them.

To participate in the Congregation Ner Tamid school community, parents and students must affirm the following:

***“All Jews are responsible, one for another.” (Talmud, Shavuot 39a)***

1. I am responsible for making this a safe environment. Some of the ways I can help to create a safe environment are:

- I will keep my hands, feet and objects to myself.
- I will walk safely inside the Temple.
- I will only bring safe objects to Temple.
- I will be where I am expected to be when I am expected to be there.
- I will keep our school community a drug, alcohol and tobacco free environment.
- All of my actions will be safe for me and others.

***“What is hateful to you, do not do to another.” (Talmud, Shabbat 31)***

2. I am responsible for making sure people respect each other. Some of the ways I can help to create a respectful environment are:

- I will speak kindly to others and will not say hurtful things.
- I will listen when others are speaking and will expect others to listen to me.
- I will wait my turn to speak and will not interrupt others.
- I will do my best to make sure that nobody feels left out.
- I will respect responsible requests of my teachers and other adults.
- I will support Congregation Ner Tamid’s Religious School activities and will not disrupt them.
- I will treat the belongings of others with respect.
- All of my interactions with others will be respectful.

***“Make me a sanctuary, that I may dwell among them.” (Exodus 25:8)***

3. I am responsible for taking care of my Temple building and everything in and around it. Some of the ways I can take care of the Temple are:

- I will leave the bathrooms clean and neat.
- I will clean up my work area and put away all materials.
- I will keep books, walls and furniture free from writing and other forms of damage.
- I will leave chewing gum, baseball caps and sunglasses at home.
- All of my behaviors will reflect appropriate respect for our Temple.

**Judaism is founded upon a covenant between God and the Jewish people. Our Temple community is also founded on the same principles. The signature below of parents and students indicates your acknowledgement and acceptance of the provisions of this Student Code of Rights and Responsibilities. Students who adhere to this Code of Rights and Responsibilities will enjoy the privilege of being part of Congregation Ner Tamid’s Religious School community.**

\_\_\_\_\_  
Student Signature(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature(s)

\_\_\_\_\_  
Date

**Please keep attached 2<sup>nd</sup> copy (orange) for your records**

# CNT Religious School Medical Form

Name of student: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Medications: (Prescribed or Over the counter): \_\_\_\_\_

Any learning or physical issues we should know: \_\_\_\_\_

\*\*\*\*\*

Name of student: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Medications: (Prescribed or over the counter): \_\_\_\_\_

Any learning or physical issues we should know: \_\_\_\_\_

\*\*\*\*\*

Name of student: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Medications: (Prescribed or over the counter): \_\_\_\_\_

Any learning or physical issues we should know: \_\_\_\_\_

\_\_\_\_\_

**In the event legal guardians and local emergency contact person cannot be reached in an emergency, I hereby give permission to the physicians selected by Congregation Ner Tamid or its agent to hospitalize, transport, secure treatment for and to order injections, anesthesia or surgery for my child(ren) as named in this registration form**

**Parent's Name (Please print):** \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please use other side of form or ask for additional forms if there are more than 3 children attending Religious School. Thank you.

# Congregation Ner Tamid Religious School

## 2018-2019 PAYMENT CONTRACT

(This form must be filled out and returned to the school office with the registration form along with \$100/child deposit)

**Please complete the Top Portion and then choose an Option below:**

\_\_\_\_\_  
Parent's Name (Please print)

\_\_\_\_\_  
Child's Name (Please print)

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Total Religious School Tuition: \$ \_\_\_\_\_ Code: \_\_\_\_\_ (for office use only)

Total Monthly Payment \$ \_\_\_\_\_ on the  5<sup>th</sup>,  15<sup>th</sup>, or  25<sup>th</sup> of \_\_\_\_\_ thru \_\_\_\_\_.  
(check payment date) (1<sup>st</sup> month) (last month)

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**MONTHLY PAYMENT OPTIONS:**

**OPTION #1-FOR MONTHLY TUITION PAYMENTS ON DEBIT/CREDIT CARD OR FROM CHECKING ACCOUNT.**  
(\*MUST NOTIFY of changes to dates, account # or banks) \*\*\***ATTACH VOIDED CHECK TO THIS FORM IF USING A CHECKING ACCOUNT ONLY.**

\*\*\*I, the undersigned, authorize **CNT** to charge the above noted tuition payments on the dates designated to my debit/credit card checked and listed below, or deduct from the checking account from the attached check.

Visa  MasterCard  Am Ex  other \_\_\_\_\_

Account # \_\_\_\_\_ Expiration \_\_\_\_\_ Zip code for credit card billing: \_\_\_\_\_

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 **OPTION #2-ONE TIME FULL TUITION PAYMENT.**

\*\*\*I, the undersigned, authorize **CNT** to charge the **full amount** noted above to my debit/credit card checked and listed below, OR deduct from the checking account from the attached check.

Visa  MasterCard  Am Ex  other \_\_\_\_\_

Account # \_\_\_\_\_ Expiration \_\_\_\_\_ Zip code for credit card billing: \_\_\_\_\_

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 **OPTION #3-OTHER**

\*\*\*I, the undersigned, have made the following financial arrangements with the Finance Director of **CNT**.

(Explain payment plan on lines provided) \_\_\_\_\_

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**\*\*\*\*\*ALL OPTIONS REQUIRE A SIGNATURE AND DATE**

\_\_\_\_\_  
SIGNATURE OF ACCOUNT/CARD HOLDER

\_\_\_\_\_  
DATE