



Rabbi Alan R. Lachtman *DHL, MFCT, LTC ret*

Michael J. Adelman, President

Gal Kessler Rohs, Education Director

Summer, 2019

Shalom Temple Beth David Religious School Families,

It is with excitement that I welcome you, incoming and existing families, to our Religious School. Our talented team has united to form a vibrant, and unique to the San Gabriel Valley curriculum that will bring your child to better know their identity, strengthen friendships, engage in thoughtful conversations, dare to challenge, and be Jewishly ready to take a step further in advancing their whole self, and their community.



Our Religious School caters to the *Reggio Emilia's 100 languages of children* and their families through all walks of life. We strive to serve to individualized personalities already from a tender age of two years in our Ledor Vador toddler class, going through high school, and all ages in between. We offer learning on Sundays, and provide a Shabbat experience on Fridays in our signature Ulpan Shabbat class. Ulpan's class is where children can connect through the rituals of Shabbat, including cooking and eating with the whole family.

Including in the path to learning are B'nai Mitzvah classes, a Confirmation class, Haskala higher grade learning, and a unique to the San Gabriel Valley madrichim (teaching assistant), and buddy program. All programs, including adult and family learning programs, involve the guidance of our beloved Rabbi, Rabbi Alan Lachtman. Together, each of our students and teachers are threads weaving together to make a fine tapestry of Judaism.

Attached to this packet are flyers of our various programs, and other paperwork for you to complete. Please feel free to drop by our office, or call for a chat, should you need assistance, or wish to catch up.

Wishing our children, families, and community a fruitful new year, filled with *Jewishly Warm and Relevant* experiences.

Shana Tova (Happy Jewish New Year),

Gal Kessler Rohs, Education Director

Rabbi Alan R. Lachtman, DHL, MFCT, LTC ret

Mail: office@templebd.com or gkrohs@templebd.com - tel: 626 287 9992 - address: 9777 Longden Avenue, Temple City
website: www.templebd.com - Affiliated with the Union of Reform Judaism

* We offer a discounted fee for certain of our programs if so needed. No one will be turned away for financial constraints.



TBD Religious School Registration and Emergency Forms

List all children enrolling in Religious School for September 2019

Student's name	DOB	Age and grade of child in weekday school

Parent/Guardian information

	Parent/Guardian	Parent/Guardian
First and Last Name		
Address		
Home Telephone		
Work Telephone		
Cellphone		
Email		
Child resides with (check both boxes if both)		
Child's email		

Should we add anyone else, other than the above, to our outreach?
(mailing list, phone tree, etc?)

Name:		
Relation to child:		
Email:		
Mailing address:		
Phone number:		
DOB (if necessary)		

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Please list 3 names to whom student may be released in case of emergency if parents cannot be reached:

Table with 3 columns: Parent and family name, Relationship, Phone number. It contains three empty rows for data entry.

Anything we should know about your child before the start of the school year? (Arranging a meeting with the Ed. Director, and/or Rabbi is an option too, should you need)

Three horizontal lines for writing a response to the question above.

What expectations do you have regarding your child’s Jewish education at Temple Beth David Religious School?

Three horizontal lines for writing a response to the question above.

How can we make your child’s experiences the optimal experience you and your family envision?

Three horizontal lines for writing a response to the question above.



Would you be willing to volunteer at our school? Some options may be (please check all that applies):

Recording school registration

Purchasing and setting up Sunday snacks

Chaperoning field trips

Designing flyers

Purchasing supplies

Class parents

Guest speakers

Run stations at special school programs (model Passover Seder, Israel day, Channukah celebration, Purim carnival, etc)

Class parents

Guest speakers

Staff development

Picking up senior guests to-from TBD (as part of our intergenerational involvement theme)

Social Media outreach

Arranging teacher appreciation day

Setting up family or Ulpan Shabbat dinners

Anything else?



Jewishly Warm and Relevant

Medical Release Consent Form (copy for each child)

Child _____

Doctor's Name _____ Phone (_____) _____

Allergies or special medical conditions

May we administer Tylenol/Ibuprofen to your child? ____ Yes ____ No

I/we hereby give permission for the enrolled child(ren) to be given emergency care as administered, authorized or directed by any adult person acting on behalf of Temple Beth David Religious School. Such care may include x-ray examination, rendered to said minor under the provisions of the Medicine Practice Act; anesthetic, dental or surgical diagnosis or treatment or hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act, all pursuant to Civil Code 25.8. I/we further agree to pay the cost of all such medical or dental services. It is understood that if time and circumstances reasonably permit, Temple Beth David Religious School personnel will try, but not be required, to communicate with me prior to such treatment.

Signature of parent/guardian #1 _____ Date _____

Signature of parent/guardian #2 _____ Date _____

Visual/Audio Image Release

I/we hereby grant permission to Temple Beth David of the San Gabriel Valley, its employees and agents, to take and use visual/audio images of my child listed below. Visual/Audio images are any type of recording, including photographs, digital images, drawings, rendering, voices, sounds, video recordings, audio clips, or accompanying written descriptions. The images may be used in any manner or media without notifying me, such as Temple-sponsored websites, publications, promotions, broadcasts, advertisements, posters and theater slides, as well as other community uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them.

I release Temple Beth David of the San Gabriel Valley and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking or use of the images or printed material used with the images.

I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand its contents, and I freely accept the terms.

Signature of parent/guardian #1 _____ Date _____

Signature of parent/guardian #2 _____ Date _____

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5780/2019-2020 TBD Religious School Application Form and Fees

Child's Name and DOB: _____ Enrollment in RS Grade: _____

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- **Ulpan Shabbat** (x20 Friday sessions, 6-7:30pm, includes dinner for the whole family) _____ \$18 per session _____ \$300 pre-paid for whole session
- **Toddler Gan Class** (x27 Sunday sessions, 9:15-12pm) _____ \$500 for one child _____ \$800 for two children
- **Preschool 9th grade** (x27 Sunday sessions, 9:15-12pm, tuition doubled for non-members) _____ \$750 for one child _____ \$1300 for two children _____ \$1800 for three children (tuition doubled for non-members)
- **Confirmation 10-12th grade** (x20 sessions, time to be determined) _____ \$500 for one child _____ \$850 for two children (tuition doubled for non-members)
- **TOV CHAI Youth Group 7-12th grade** (1st Wednesdays of each month, 6.30-8.30pm, \$5 dinner) _____ \$75 per child _____ \$150 per child non-member
- **Adult education classes** (complementary), Please check all that applies, we will then reach out to you:
 - _____ Adult education for Religious School families, (held on certain Sundays 9:30- 11am)
 - _____ Adult Hebrew Class (three levels, begins at 9.30am on Sundays)
 - _____ Evening adult classes with Rabbi Lachtman, Gal Kessler Rohs, or certain of our community members

*No one will be turned away for financial constraints.
Please contact either **Rabbi Lachtman**, or **Gal Kessler Rohs**, Ed. Director if scholarship application is needed.*

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5780/2019-2020 Religious School Fee Commitment

Name _____

Balance Due \$ _____

Payment Plan

(Please check a payment plan from below and remit your payment based upon the selected plan)

___ 6 payments/year (1st payment is 20% of your RS fees)

For 6 payments/year, payments/year, payment method is credit card only.

___ 4 payments/year (1st payment is 25% of your RS Fees.) Payment by check, or debit/credit card.

___ 2 payments/year (1st payment is 50% of your RS Fees.) Payment by check, or debit/credit card.

___ 1 payment/year (1st payment is 100% of your RS Fees.) Payment by check, or debit/credit card.

First Payment: \$ _____

Method of Payment

___ My check is enclosed. I will pay by check in the future.

(Not applicable for 10 installments plan- please choose credit card payment, check, direct deposit and ACH).

___ If paying by credit card, please consider adding 3% to your pledge to cover credit card processing feed and complete the enclosed credit card form. We use a separate form for security purposes.

Those paying in 10 installments must pay by credit card.

Name (please print) _____ Signature _____ Date _____

Please sign, date, and return this form to us in person or by mail to: Temple Beth David, 9677 Longden Avenue, Temple City, CA 91790

No one will be turned away for financial constraints.

Please contact either Rabbi Lachtman, or Ed. Director Gal Kessler Rohs if scholarship application is needed.

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Temple Beth David Credit Card Authorization

___ MasterCard

___ Visa

Please print

Cardholders Name: _____

Phone number: _____

Billing address: _____

Zip: _____

Credit Card Number: _____ Expiration Date: _____

CVV2/CIV Number: _____

Email address: _____

___ I authorize Temple Beth David to charge \$_____ each month for the following classes (please check below) to the above credit card account. This will become effective immediately and remain in effect through _____ month/day/year.

___ I authorize Temple Beth David to charge \$_____ one time only for _____.

___ Ulpan Shabbat class

___ Toddler Gan class

___ Preschool-9th grade class

___ Confirmation-10-12th grade class

___ TOV CHAI youth group 7-12th grade

Signature _____ Date _____

Please return to:

Temple office,
Temple Beth David of the San Gabriel Valley
Mail: 9677 Longden Avenue, Temple City, CA 91780

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