



April 11, 2019/ 5 Nisan 5779

Dear Parents,

As we look ahead to next year we want to thank you for entrusting your children to our Kulanu Learning Program. The next school year, 2019-2020 will be the fourth year under the leadership of Gina Fass, Director of Kulanu Learning Program. We are so pleased by the positive changes that have occurred since she has arrived.

Mazel Tov to our new members and families that are joining our program this year. We are excited to welcome you into our Bet Torah and Kulanu community.

Through monthly Shabbat Kulanu, family programs, holiday celebrations, social action opportunities and classroom instruction, the Kulanu Learning Program emphasizes the following values:

- Involving parents as learners and partners in the experience
- Creating a path for Jewish learning to lead to Jewish living
- Shifting time to more shared sacred time together
- Flexibility and choice for families
- Intentionally strengthening relationships and friendships

This was our first year of Shabbat Kulanu “All of Us on Shabbat,” our monthly Saturday morning program for families. Our goal was to connect learning to doing on Shabbat. While attendance was expected for Hey (5) and Vav (6), all grades from Gan (K)-Vav (6) had a place to come and learn on Shabbat. Shabbat Kulanu offered parents a place to chat, learn, or be welcomed into the sanctuary on Shabbat. As does every Shabbat, we ended each Saturday morning with a lovely community-wide kiddish.

You will notice a slight change in tuition in Bet (2)-Zayin (7). We have not had a significant tuition increase in 3 years. A strong program requires resources that we feel are crucial to be successful. Hey (5) and Vav (6) retreat fees are included in tuition. They are mandatory requirements of both programs. The Hey (5) retreat is \$225 and the Vav (6) retreat is \$325.

Please feel free to reach out with any questions. We are excited to begin planning for next year.

Caroline Lisker
Chair, Board of Education

Gina Fass
Director of Kulanu Learning Program

Registration is due by June 5 including: Registration form, Student Information form, Family Contact and Emergency form; \$775 deposit per student (balance paid by December 20, 2019) and Student Profiles. Requests are a first-come, first-served basis, however, we ask for your understanding and patience while we build appropriate class sizes while accommodating families' scheduling preferences.

PLEASE NOTE: To reserve a place for your child in Kulanu, you must be a member of Bet Torah in good standing.

2019-2020 Kulanu Learning Program Registration

1. **Registration & Payment:** Synagogue policy requires a deposit of **\$775.00 per child** and submission of all required paperwork in order to process the Kulanu registrations. **The remaining balance must be paid by Dec. 20, 2019.**
2. **Membership:** All Kulanu families must be members in good standing of Bet Torah to attend Kulanu. For membership or financial status questions, please contact our **Executive Director: (914) 666-7595.**
3. **Cancellations:** We reserve the right to cancel a class or session after July 1 due to a lack of enrollment and to place your child in an alternate section.
4. **To Complete Registration: Please complete and return by June 5, 2019:**
 - Registration (below) with first & last names of each child AND Family Contact and Emergency Information
 - Student Profile *for each individual child* that you register.
 - Deposit of **\$775.00 per student. Checks payable to Bet Torah.** Remaining balance must be paid by **Dec. 20, 2019.**

Name of Child	Grade - Sept. 2019	Select One	
	Gan (K) \$990		SUNDAY 9:00 - 11:00 am
	Aleph (1 st) \$990		SUNDAY 9:00 - 11:00 am
	Bet (2 nd) \$1,250	___ MONDAY 4:00 - 6:00 pm AND SUNDAY 9:00 - 11:00 am	___ TUESDAY 4:00 - 6:00 pm AND SUNDAY 9:00 - 11:00 am
	Gimel (3 rd) \$1,650	___ MONDAY 4:00 - 6:00 pm AND WEDNESDAY 4:00 - 6:00 pm AND SUNDAY 9:00 - 11:00 am	___ TUESDAY 4:00 - 6:00 pm AND WEDNESDAY 4:00 - 6:00 pm AND SUNDAY 9:00 - 11:00 am
	Dalet (4 th) \$1,650	___ MONDAY 4:00 - 6:00 pm AND WEDNESDAY 4:00 - 6:00 pm AND SUNDAY 9:00 - 11:00 am	___ TUESDAY 4:00 - 6:00 pm AND WEDNESDAY 4:00 - 6:00 pm AND SUNDAY 9:00 - 11:00 am
	Hey (5 th) \$1,875 (includes retreat)	___ MONDAY 4:00 - 6:00 pm AND SUNDAY 9:00 - 11:00 am <i>Shabbat Kulanu 1st Saturday Monthly* Hey Retreat*</i>	___ TUESDAY 4:00 - 6:00 pm AND SUNDAY 9:00 - 11:00 am <i>Shabbat Kulanu 1st Saturday Monthly* Hey Retreat*</i>
	Vav (6 th) \$1975 (includes retreat)	___ MONDAY 4:00 - 6:00 pm AND SUNDAY 9:00 - 11:00 am <i>Shabbat Kulanu 1st Saturday Monthly* Vav Retreat*</i>	___ TUESDAY 4:00 - 6:00 pm AND SUNDAY 9:00 - 11:00 am <i>Shabbat Kulanu 1st Saturday Monthly* Vav Retreat*</i>
	Hey (5) & Vav (6) No charge	Club Ivrit** WEDNESDAY 4:00 - 6:00 pm	
	Zayin (7 th) \$1,650		___ TUESDAY 4:00 - 6:00 pm AND SUNDAY 9:00 - 11:00 am
	\$815	Schleifer Learning Center/Enrichment	Weekly Classes available

*Hey (5) and Vav (6) students are required to attend *Shabbat Kulanu (first Saturday monthly)* & grade specific **Shabbat Retreats.**

****Club Ivrit** is an optional enrichment program including more opportunities for Modern Hebrew, social action and community building programs. For **Hey (5)** and **Vav (6)** students only. Open registration for *Club Ivrit* through September.

For Office use only Date Received _____ Initials _____

Student Information

STUDENT 1: Name _____ Gender _____ Date of Birth _____

Name of Secular School _____ 2019-20 Secular School Grade _____

Do they take the Bus to Bet Torah from School? No _____ Yes _____ Days: Mon _____ Tues _____ Wed _____

Student's Hebrew Name _____ Student's Email _____

Please indicate ONE child with whom you would like your child to be placed:

STUDENT 2: Name _____ Gender _____ Date of Birth _____

Name of Secular School _____ 2019-20 Secular School Grade _____

Do they take the Bus to Bet Torah from School? No _____ Yes _____ Days: Mon _____ Tues _____ Wed _____

Student's Hebrew Name _____ Student's Email _____

Please indicate ONE child with whom you would like your child to be placed:

STUDENT 3: Name _____ Gender _____ Date of Birth _____

Name of Secular School _____ 2019-20 Secular School Grade _____

Do they take the Bus to Bet Torah from School? No _____ Yes _____ Days: Mon _____ Tues _____ Wed _____

Student's Hebrew Name _____ Student's Email _____

Please indicate ONE child with whom you would like your child to be placed:

Will your children be attending sleep away camp? Student Name/Sleep away camp _____

Family Contact

Parent 1 Name _____

Home Address _____

Email _____ Use on ALL School correspondences? Yes/No

Home Phone _____ Cell Phone _____ Work Phone _____

Parent 2 Name _____

Home Address _____

(if different from above)

Email _____ Use on ALL School correspondences? Yes/No

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Information

Child's Physician _____ Phone _____

Do any of your children have allergies? Yes ___ No ___ If yes, please complete separate allergy form for EACH child

EMERGENCY CONTACTS (This should be someone who is available during Kulanu hours)

1. Name: _____ Relationship _____ Home Phone: _____

Cell Phone: _____

2. Name: _____ Relationship _____ Home Phone _____

Cell Phone: _____

Permission Agreement Please read each statement and initial to the right

I agree that if my child should need any medical attention, Bet Torah is authorized to provide and arrange for treatment and I will be responsible for any costs associated with the treatment. _____

I understand that Bet Torah will make every reasonable attempt to reach me or anyone listed above as my emergency contact before using this authorization. _____

I grant permission for my family's name, address, email address and telephone number(s) to be printed in the school directory and class lists. _____

I understand Bet Torah and its representatives might use photographs of my child in/on the synagogue newsletter, website, social media, including the internet and bulletin boards and in local media. _____

I grant permission for my student to walk to the Mt. Kisco Food Pantry (at the end of Smith Ave.) with teachers and parent chaperones (with previous notification) _____

My signature confirms that the above information is accurate, that the guidelines and procedures of Bet Torah will be adhered to and that I understand it is my responsibility to keep the above information current.

Signature of Parent or Guardian: _____ Date: _____

**BET TORAH KULANU LEARNING PROGRAM
2019-2020 STUDENT PROFILE
(Please complete one for each child)**

CONFIDENTIAL

In an effort to provide the best educational experience for your child, we need to be aware of any special needs your child may have. Please respond to the questions below and feel free to schedule an appointment with Gina Fass in the Bet Torah Kulanu Office at (914) 666-7595 to discuss any concerns or issues you may have related to your child's learning experience.

Student's Name _____ Grade as of September 2019 _____

1. Does your child have any physical and/or medical conditions of which the school needs to be aware? If so please describe.

- 1a. If your child has a food allergy please have their physician complete the separate Individualized Emergency Care Plan form. A parent should complete the Student Allergy form.

2. Is your child under a physician's care/treatment or taking medications on a regular basis?

3. Does your child have any emotional, social, or behavioral issues (i.e. a learning disability such as ADD or ADHD, a perceptual or hearing impairment, dyslexia, etc.) that might affect his/her classroom performance? Please Describe.

4. Does your child have an IEP/IAP/504? Please share a copy for Kulanu.

5. If your child qualifies for special education services within their local school system, what services are given (such as directions read, special seating, reading assistance, testing, modifications or need of a teacher aide) that might be helpful for us to know.

6. Is there anything about your child as a learner that you would like us to know? How does he/she tend to learn best?

7. What else about your child would be helpful to share with his/her teacher?

8. Would you like to speak with your child's teacher before the beginning of the school year?

Yes _____ No _____