

# HEBREW EDUCATIONAL ALLIANCE

Phone 303/758-9400 • Fax 303/758-9500

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ReligiousSchool@HEAdenver.org • www.HEAdenver.org

June 15, 2010

Dear Parents of HEA's incoming 8<sup>th</sup>, 9<sup>th</sup> and 10<sup>th</sup> graders:

Enclosed is your registration form for HEA's new program for 8<sup>th</sup> through 10<sup>th</sup> graders.

Beginning on October 7, 2010 we will hold classes for students in grades 8, 9 and 10. These classes will be held approximately two times per month each beginning with dinner from 5:30pm – 6:15pm followed by class that runs until 7:30pm.

Hebrew High's plans for the fall are in the works. If you have any questions about their program, please contact Stacey Delcau at 303.321-3191.

Our program will meet 15 times during the 2010-2011 school year. The cost for this program is **\$250 if you register by July 15, 2010** and \$300 if you wait to register until after that date. This fee includes program materials, teachers, AND a hot kosher meal before each class.

Students in grades 8 and 9 will choose from one of two classes:

➡ **Wherever you go there's always someone Jewish: a culinary tour of Jewish communities and cultures from around the world.** In this class students will have the opportunity to explore other Jewish communities, practice *kashrut*, cook, and learn about why we eat the way we eat! This class will have both classroom instruction as well as time in the HEA kitchen.

OR

➡ **Hey, you're Jewish too!: a look at influential modern Jews.** From Sasha Baron Cohen to Ruth Bader-Ginsburg, this class will examine modern day influential Jews in sports, politics, and the arts! Students will have the opportunity to read, watch, listen and learn about these incredible Jews.

**Students in the 10<sup>th</sup> grade** will take the HEA Confirmation Class with Rabbi Gruenwald and Stacy Wasserman. This class will focus on Jewish ethics and values and how they are used to make everyday decisions. The class will explore how they have been applied in history, and how they are lived today among members of our own community.

BRUCE DOLLIN  
Senior Rabbi  
MARTIN GOLDSTEIN  
Cantor  
SALOMON GRUENWALD  
Assistant Rabbi  
NEAL S. PRICE, MBA, ATZ  
Executive Director



**HEA**  
**Religious**  
**School**

STACY WASSERMAN  
Education Director  
SHARON ANDERSEN  
Assistant Education Director



Three times throughout the year all three grades will come together for special school wide programming.

Dates for the 2010-2011 school year are:

Oct: 7, 21

Nov: 4, 18

Dec: 2, 16

Jan: 6, 20

Feb: 3, 17

Mar: 3, 17

Apr: 14, 28

May: 12

To enroll, please have your student make their course selection. The completed document may be returned to our offices in the enclosed envelope.

If you have any questions regarding this program, please don't hesitate to call the Religious School office.

L'Shalom,

Stacy Wasserman

**HEA 8<sup>th</sup> , 9<sup>th</sup> , 10<sup>th</sup> Grade Registration**

Student's Name \_\_\_\_\_

Grade Entering in Fall \_\_\_\_\_ School attending in Fall \_\_\_\_\_

\*Student's email \_\_\_\_\_

Parent's Names \_\_\_\_\_

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

Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

Mother's home number \_\_\_\_\_ Father's home number \_\_\_\_\_

Mother's work number \_\_\_\_\_ Father's work number \_\_\_\_\_

The best number to reach someone on Thursday evenings from 5:30-7:30 is \_\_\_\_\_

\*Email is our primary means of communication between RS office, teachers, parents & students

**Please choose one option below:**

**8<sup>th</sup>/9<sup>th</sup> Grade Class Option:**

"Wherever You Go, There's Always Someone Jewish: A Culinary Tour of Communities & Cultures Around the World"

**8<sup>th</sup>/9<sup>th</sup> Grade Class Option:**

"Hey, You're Jewish, Too!: A Look at Influential Modern Jews"

**10<sup>th</sup> Grade Confirmation Class:**

"Jewish Values in History and Today"

**HEALTH INFORMATION**

Allergies, particularly food limitations: \_\_\_\_\_

Medication student is currently taking: \_\_\_\_\_

If student carries medications with him/her to school, please list : \_\_\_\_\_

**EMERGENCY INFORMATION**

In case of injury or illness of a child while at school, every effort will be made to first contact the student's parent/s or guardian. If the parents or guardian cannot be reached, we will call the individuals which you have listed below. **(PLEASE NOTE: If you have a cellular telephone and/or a pager, please be sure also to list these numbers on the front of this form. You will be called at your cellular phone only if your student is ill and you cannot be reached at work or home.)**

Name	Telephone Number	Relationship

Name	Telephone Number	Relationship

Name	Telephone Number	Relationship

Student's Physician \_\_\_\_\_ Telephone Number \_\_\_\_\_

Student's Dentist \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name of child's health insurance company \_\_\_\_\_ Policy #: \_\_\_\_\_

I hereby give permission to employees of the Hebrew Educational Alliance to call the doctor/dentist listed above and to arrange for medical or surgical care for the above named student should an emergency arise. It is understood that a conscientious effort will be made first to locate me, or the emergency contacts named above, before any action will be taken. If it is not possible to locate me and medical or dental care is necessary for my child, these and any expenses will be accepted and paid for by me.

I give permission to employees of the Hebrew Educational Alliance to call the persons listed above in the event I cannot be reached and my child becomes ill or injured while at Religious School.

I hereby release the Hebrew Educational Alliance and its employees from all liability with respect to any injuries or damages suffered by my child and/or myself arising from his/her/my participation in activities in connection with his/her enrollment as a student at the Hebrew Educational Alliance Religious School, including, but not limited to, school and classroom activities, field trips, retreats and inter-congregational events.

Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERMISSION TO ADMINISTER OVER THE COUNTER MEDICATIONS**

Please indicate below if you give your permission for any of the following medications to be given to your child while s/he is in attendance at Religious School. **NO medication will ever be given to any child unless the administration at the Religious School has first spoken with and received verbal permission from the child's parent or guardian to do so immediately before administering the medication. At that time the parent will indicate which medication and dosage the child should receive.** Please check any medications which **MAY** be given to your child and sign your name below.

\_\_\_\_\_ Tylenol (Acetaminophen) \_\_\_\_\_ Benadryl liquid \_\_\_\_\_ Advil (Ibuprofen) \_\_\_\_\_ Robitussin DM  
Cough Syrup  
\_\_\_\_\_ Cough Drops \_\_\_\_\_ Aleve (naproxen sodium)

I give permission for the Education Director and/or Assistant to administer to my child the over-the-counter medication/s checked above. I understand that I will first speak personally with the Education Director and/or Assistant and give my verbal permission to administer the medicine at that time. At that time I will also indicate which medication and the correct dosage that should be given to my child. I may revoke this permission at any time in writing.

Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERMISSION TO ADMINISTER EPI-PEN (Epi-pen/Epi-Pen Jr. must be sent to school in its original packaging with the prescription. Please place the Epi-Pen in a clear plastic bag labeled with your child's name and a photograph of your child. Should we have to administer the Epi-Pen, 911 will be called immediately and you will be notified immediately as well).**

I authorize HEA staff to administer Epi-Pen/Epi-Pen Jr. (circle one) in the event of an allergic reaction experienced by my child. I must provide a copy of my child's prescription and an epi-pen in its original packaging. (Please place epi-pen and packaging in a zip top bag with a photograph of your child).

Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_