

HEBREW EDUCATIONAL ALLIANCE

Phone 303-758-9400 • Fax 303-758-9500

3600 South Ivanhoe Street, Denver CO 80237-1196

ReligiousSchool@HEAdenver.org • www.HEAdenver.org

June 17, 2010

Dear HEA Upcoming Kindergarten Parents,

I hope that this letter finds you well and excitedly making plans for your child's coming year--kindergarten--how exciting!

As you make plans for your child's education, I wanted to encourage you to fill out the enclosed forms and enroll your child today in HEA's Religious School.

Our Kindergarten program is meant for students who attend public schools (or home schools) and is taught by Morah Dora Muzykant. Dora brings with her many years of supplemental religious education experience as well as several working in early childhood education. Her soft demeanor and wealth of Judaic knowledge make the transition from preschool positive and smooth. The program meets on Sunday mornings from 9am until 12noon and the focus for the year is Judaism in the home. Morah Dora teaches her students about many of the wonderful customs and traditions of Jewish culture with a specific focus on how to bring these observances into the home. There are many hands on projects, music, and food for the students to experience. In addition, there will be a Family Education program during the year, where parents and students learn and create together.

I strongly encourage you to sign your student up for this wonderful program. The cost of the year is \$375 for members of the congregation.

Typically the HEA Religious School is open only to members of the congregation. However, I am pleased to offer the opportunity to have non-member children participate in the Kindergarten program regardless of their parent's membership status. We are offering this special program to non-member families of kindergarteners for the year which will include High Holiday tickets, for \$500. After this trial year, families will need to join the congregation in order to continue at the HEA Religious School. The \$125 overage in tuition paid for this trial year can be applied to HEA membership for the following year, should a family choose to join.

The HEA does not turn anyone away from membership or Religious School for financial reasons. Should you need to make financial arrangements with the synagogue, please contact Neal Price, Executive Director, at 303-758-9400.

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



STACY WASSERMAN
Education Director
SHARON ANDERSEN
Assistant Education Director

Official Religious School enrollment forms are enclosed. Classes begin in October. Our full calendar of events is available at www.headenver.org.

Should you have any questions regarding this or any other HEA Religious School program, please don't hesitate to contact the Religious School office at: 303-758-9400.

L'Shalom,

Stacy

Stacy Wasserman

HEA Kindergarten Registration

Student's Name _____

Student's Hebrew name _____

Grade Entering in Fall _____ School attending in Fall _____

Home address _____

City _____ Zip _____

*Parent's Email _____

Mother's Hebrew Name _____ Father's Hebrew name _____

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 Sunday mornings from 9am-12n is _____

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

If your child has an IEP, 504 plan or ALP, please indicate and explain below. Your information helps us help your child to be successful. Thanks! _____

Is there any additional information regarding your child and/or your family that will help us to know your child better, please indicate and explain below. Your information helps us help your child to be successful. Thanks! _____

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 _____