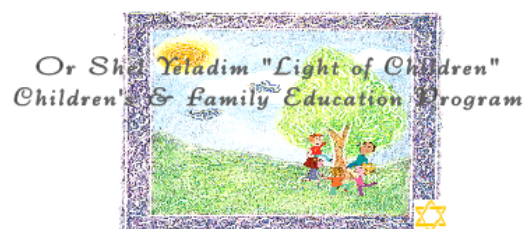


B'nai Or of Boston
"Community of Light", an inclusive Jewish Renewal Community



PO Box 400715, Cambridge, MA 02140 – (617) 244.5311

admin_bnai_or@hotmail.com (Attn: School)

DESCRIPTION OF OUR PROGRAMS

Curriculum & Program Overview:

Through fun and interactive activities, our curriculum, *Why Jewish?*, is designed to encompass our core principles of community – ours and others, values – justice, caring, sustainability, and practices – Jewish skills, spirituality and creativity. A portion of each class time is allotted to learning Hebrew.

Although both classes, Kitah Nissim "Class of Miracles" and Kitah Ruach "Class of Spirit", study the same themes, each classroom teacher chooses the activities and depth of study appropriate to the age of their students. As part of our curriculum we utilize the rich resources of our community, as well as other communities, to also offer throughout the year opportunities for the children to learn outside the classroom by working with our artists, storytellers, chefs and others to create special projects and make their classroom learning "real".

Kitah Nissim "Class of Miracles" – Pre-Kindergarten – 2nd grade

Kitah Ruach "Class of Spirit" – 3rd – 4th grade

B'nai Mitzvah Class with Rav Lev - Gr. 5+

(Two year program for students beginning their preparation for Bar or Bat Mitzvah.)

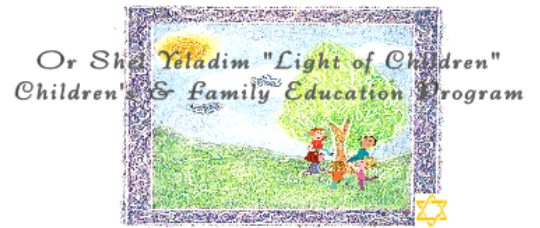
Other Information:

The first twenty minutes of each class meeting begins with a child-friendly morning prayer service during which time the children learn traditional and non-traditional songs and prayers by singing, praying, and dancing. Twice monthly this service is led by our rabbi, Lev Baesh. After the prayer service, the children break into their respective classes for a fun-filled morning of "engaged" learning. During last ten minutes of the class day, all students (families are invited, too) come together to learn or share what the children have learned that morning in their respective classrooms. The main portion of the school morning is divided into two one-half hour sessions with a break for a snack.

Once each month, we offer a program "Parent's Learning Time with Rav Lev". Led by B'nai Or's rabbi, Lev Baesh, this is an opportunity for parents to come together to talk about various themes focusing on our roles as parents in connecting our children to Judaism.

Unless otherwise noted, we meet weekly at Temple Beth Israel, 25 Harvard Street, Waltham from 10:00am – 12:00 noon. Please check the [**Or Shel Yeladim**](#) calendar for meeting dates.

Please note: We are unable to allow your child to attend our program until all registration forms are completed and returned.



General Information – All forms MUST be submitted by September 21, 2009

Or Shel Yeladim is a community school of congregation B'nai Or of Boston "Community of Light" and is open to all families wishing a Jewish education for their child regardless of temple affiliation. Tuition is discounted for families who are members of the B'nai Or of Boston or Temple Beth Israel congregations. If you are presently a B'nai Or member or a member of Temple Beth Israel or will be joining at the time you send in your registration packet, please designate appropriate tuition. For information regarding B'nai Or membership please call (617) 244-5311 or visit www.bnaior.org.

Tuition includes classroom materials.

No family will be denied enrollment due to inability to pay. To make special financial arrangements, please contact admin_bnai_or@hotmail.com (Attn: School).

Student and Parent Information (to be included in our school directory)
(If enrolling more than 2 children, please attach another sheet of paper)

1) **Name of Student** _____

Hebrew Name _____

Please circle one: Male Female Birth date _____

Day School _____ Grade for 2009-2010 _____

2) **Name of Student** _____

Hebrew Name _____

Please circle one: Male Female Birth date _____

Day School _____ Grade for 2009-2010 _____

PARENT A) Name _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

PARENT B) Name _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

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Tuition Fees:

<u>Class</u>	<u>Member</u> *see below (per child)	<u>Non-Member</u> (per child)	<u>Amount Due</u> (rate x # of children)
Kitah Nissim- Grades Pre-K-2	\$400	\$425	\$
Kitah Ruach - Grades 3-4	\$400	\$425	+
B'nai Mitzvah Family Group Gr 5+ (meets monthly - open to children and their families preparing for Bar/Bat Mitzvah)	\$200	\$225	+ _____
Less 10% multi-child discount	***	***	- _____
Total Amount Due	***	***	\$ _____

*I/We are a member of (please circle): **B'nai Or of Boston** **Temple Beth Israel:**

Payment Information:

() Paid in full by check. Please make check payable to **B'nai Or of Boston**.

() Pay in two installments. Please indicate **CHECK** or **CREDIT CARD**
 (1/2 amount due October 1, 2009; Balance due January 15, 2010)

() Paid in full by Credit Card. Mastercard Visa

Name on card: _____

Card # _____ Expiration: _____

Signature: _____ Date: _____



Volunteer Information, Photo Release and Field Trip Form

Rather than asking you to fill out multiple forms over the course of the year, we have decided to simplify your life. We are asking you to sign the bottom of this page giving your child permission to go on field trips throughout the year (not every class goes on field trips, and you will be informed of any field trip in the weeks prior), give us permission to use your child's photo in marketing materials and other aspects directly related to **Or Shel Yeladim** and agree to volunteer a minimum of 6 hours during the course of the school year.

Volunteer Information:

On **October 18**, at 11:00 AM we will have a mandatory parent organizational meeting and social event where we will give detailed information about all our volunteer opportunities including time required, skills needed, and a description of what each entails. By signing below you are agreeing to volunteer a minimum of 6 hours during the course of the school year.

Examples of some volunteer opportunities include: tzedakah projects, fundraiser events, Family Retreat, Shalach manot (purim goody bags), field trips, Hanukkah festivities, Purim Carnival, School community Dinner with the Rabbis, parent meetings, and more!

Initials:

Field Trip Permission Slip:

Our classes may go on field trips throughout the year. These field trips are always closely related to what we are studying, but we strongly believe that getting your child out of a classroom is a great way to learn. By signing below you are giving your child permission to attend our field trips with the understanding that we will let you know what we will be doing and what transportation is available in the weeks prior.

Initials:

Photo Release:

One great way to share what we do in our school with the B'nai Or (and Temple Beth Israel) community at large and the greater Boston community is through pictures. We often have wonderful people come in and help us with special projects and we feel it is important to document these activities. By signing below you give us permission to take and publish pictures of your child on our website and other marketing material.

Initials:

Signature _____ Date _____



Required Emergency and Medical Information

(Please complete a separate form for each student)

Name of Student _____

A) Family Member Emergency Contact Name _____ **Relationship** _____

Home Phone _____ Business Phone _____ Cell Phone _____

B) Non-Family Emergency Contact Name _____ **Relationship** _____

Home Phone _____ Business Phone _____ Cell Phone _____

C) Name of Family Physician _____

Phone number _____ Address _____

1. **Please provide any additional medical information here (e.g. medications and possible side-effects we may see at school, other medical conditions).**

2. **Does your child have any ALLERGIES to insects, food or anything else? Yes No**

• **Provide details:**

• **Regarding allergies, is your child aware of his/her food guidelines and able to take responsibility for food choices during snack time? Yes No**

3. **Please tell us any specific behavioral or emotional information about your child or anything else you would like us to know (i.e. learning styles, special needs, etc.) so that your child will have the best opportunity for success in the classroom.**

Release

I give my permission for my child to receive emergency medical transportation and treatment if it becomes necessary and neither the parents nor the emergency contact can be reached by phone.

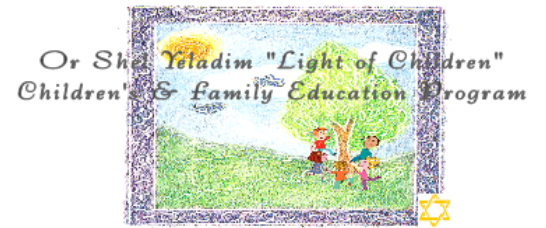
Insurance information: Carrier _____ # _____

Policy Holder: _____

Parent Signature _____ **Date** _____

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Thank you for filling out this application. Please submit the completed form along with your Registration payment to B'nai Or of Boston, Attn: Or Shel Yeladim, P.O. Box 400715, Cambridge, MA. For your convenience, a self-addressed envelope is enclosed. These forms can also be found on our website: www.bnaior.org. **The application should be completed and submitted by September 21, 2009.**