



CONGREGATION BETH SHALOM

CONGREGATION BETH SHALOM TALMUD TORAH APPLICATION

2019-2020 Talmud Torah Application

To enroll in CBS Talmud Torah (Religious School, B’Nai Mitzvah tutoring, or Confirmation Class) please complete this application and return it to Diane Graul, the Talmud Torah Director. Clergy and teachers will review these applications to place students in the proper education level.

These programs are available to children of CBS members in good standing. The exception to this is that the first year of Religious School is available to non-CBS members for a fee of \$250 per child.

Education of our youth is a priority at CBS. The cost of tuition should not deter a child from attending. As such, we have removed a formal fee structure for our Talmud Torah classes for CBS Member Families on a trial basis. Instead, we are happily accepting any and all donations of any amount at any point in the year. Depending on the success of this new program, we hope to either extend the trial period or adopt this structure on a more permanent basis.

In the past, we have covered these costs through a structured fee program where each family was assessed a specific fee for each child. Under this new structure, families are not assessed a fee per child, but instead are ***encouraged to contribute as they are able***. Under our current enrollment, the cost to operate our Talmud Torah classes comes out to approximately \$250 per student. Please keep this number in mind as you consider making donations.

To make a donation to Talmud Torah, please make your check payable to Congregation Beth Shalom, and include a notation that it is for Talmud Torah. Mail your check to Congregation Beth Shalom, ATTN: Treasurer, 4000 W 106th, Suite 160-118, Carmel, IN 46032.

Please register your child for Talmud Torah by sending the completed forms to Diane Graul, Talmud Torah, 4000 W 106th St, Suite 160-118, Carmel, IN 46032.

Shalom,

Rabbi Justin Kerber Diane Graul Beth Lande

Rabbi Justin Kerber
Diane Graul, Talmud Torah Director
Beth Lande, CBS President

Mailing address: 4000 W 106th Street, Suite 160-118, Carmel, IN 46032 Tel: 317-306-5644
Location: 849 W. 96th Street, Indianapolis, IN 46260
www.bethshalomindy.org



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Date: _____

Child's Full Name: _____

Date of Birth: _____

Hebrew Name: _____

Parent 1's Name: _____

Parent 1's Address: _____

Parent 2's Name: _____

Parent 2's Address:(if different) _____

Child Lives With (Check One): Parent 1 _____ Parent 2 _____ Both _____ Other _____

If "Other", please explain: _____

What previous Jewish education has your child experienced:

Religious School _____ Hebrew School _____ Tot Shabbat _____

Practice of Jewish holidays and rituals at home _____

School district Child is enrolled in _____

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Please name the individuals who are allowed to pick up your child from CBS Talmud Torah classes and their phone numbers. Please be aware that only people on your list will be allowed to pick up your child/children. Those not on the list will not be allowed to pick up your child(ren), without written permission. Please notify anyone that you designate below that they may be called if they are needed and make sure that you have current phone numbers on file with us at all times.

1. _____

2. _____

3. _____

Additional Information

Does your child have any allergies, food or otherwise? Please list all. Are there any other issues that the teachers should be aware of such as toileting issues, food preferences, speech or hearing issues, medical considerations?



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I (we) have completed the Application for Enrollment in CBS Talmud Torah and have read and understand the application packet. Our family (adults and children alike) understands our commitment to CBS and accepts those commitments.

Signed Name: _____

Printed Name: _____

Address: _____

Phone: _____

E-Mail: _____