

Rimonim Center for Learning  
2200 Baltimore Road  
Rockville, Md 20850  
301.424.4396

Dear Parents,

The Rimonim Center for Learning is preparing for the 2010-2011 school year, and we are now beginning to send registration forms. Please complete one form for EACH child.

Please be sure to sign the permission forms on the back of the form and attach a current picture of your child. Also, I am asking that you complete the parent survey.

Please include payment of the following fees with your registration forms:

<b><u>Registration fee (per family):</u></b>	<b><u>Member:</u></b>	<b><u>non-member:</u></b>	<b><u>Early Bird:</u></b>
	\$70	\$95	
<b><u>Books and Material fee K-9 (per child):</u></b>			<b>(by May 20th)</b>
(20% sibling discount for grades 3-7)	\$65	\$65	
<b><u>Family Education Fee:</u></b>	\$45	\$45	
<b><u>Tuition:</u></b>			
Grades K-2	\$648	\$765	\$50 off
Grades 3-7	\$989		\$50 off
Grades 8-9	\$648	\$765	\$50 off
Grades 10-12	TBD		

\*Tuition is subject to a 10% sibling discount

We look forward to having you join Rimonim. Should you have any questions, please feel free to contact me at 301.424.4396 or at: [tamar@tikvatisrael.org](mailto:tamar@tikvatisrael.org)

Rimonim Center for Learning  
School phone: 301.424.4396  
Fax Number: 301.424.4399

**2010-2011 Schedule**

**Sundays:**

9:45-12:15 Kindergarten-Grade 8

**Wednesdays:**

4:30-6:30 Grades 3-7

**Thursdays:**

4:30-6:30 Grade 9

**Shabbaton Retreats:**

TBA Grades 9-12

**Rimonim permission for emergency pick-up: in case of an emergency situation,  
my child has permission to leave Rimonim with:**

**Name:**

**Relationship:**

**Phone #:**

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Parent/guardian signature

Printed name

Date

## **Rimonim 2010-2011 parents as partners**

As always we need you to partner with us for our children's success!

Please complete and return to school office:

Parent (s) \_\_\_\_\_

Phone # \_\_\_\_\_ E.mail \_\_\_\_\_

### **Room parent**

We need a room parents per class. This parent will assist with coordinating special class events.

\_\_\_\_\_ I will be happy to be a room parent for grade \_\_\_\_\_

### **Religious School Education Committee**

The purpose of the Education Committee is to enable the Religious School to implement its educational goals and objectives, consistent with the religious philosophy and guidelines of Rimonim. The Education Committee supports the educational staff and acts as a liaison between parents, staff, students, synagogue, and the community. It strives to promote a quality, enriching, and innovative Jewish Learning environment for our children.

\_\_\_\_\_ I would like to serve on the Education Committee

### **Please volunteer**

Help with Rimonim programs

\_\_\_ help set-up my child's special family education program

\_\_\_ Back to school

\_\_\_ Passover model Seder

\_\_\_ Special holiday programs

\_\_\_ Help with fund raising

I/we would like to offer our special talents in helping Rimonim in any way we can which may include:

\_\_\_ Develop strategies for promoting our school

\_\_\_ Design flyers, publicity, etc

\_\_\_ Other

**Rimonim Permission for Photography/Videos**

Many photographs and /or videos of the children are taken during the school year. In addition, videos of special programs and/or field trip may be taken. Rimonim may publish such photographs, or videos in various forms, including, but not limited to, a bulletin board display, a posting on the shuls' websites or in newspapers or magazine materials. I/we hereby give permission for photographs and/or videos to be taken of my child, \_\_\_\_\_ during the 2010-2011 school year and that such photographs/videos may be used by Rimonim for promotional or programmatic purposes. I/we specifically waive any rights to compensation arising from such use.

\_\_\_\_\_  
Parent/guardian signature                      Printed name                      Date

**Rimonim Field trip permission form and Waiver of claim and General Release**

My child, \_\_\_\_\_, has permission to go on any field trips planned by Rimonim during the

2010-2011 school year. I understand that this permission form, Waiver of Claims and General Release cover the entire 2010-2011 school year, but that I/we receive individual permission slips for each specific field trip.

**Waiver of Claims and General Release:** I/we acknowledge and appreciate that certain risks are inherent in participating any field trip. These include, but not limited to, the risks of personal injuries, illness or death, property damage, and property loss or theft, arising out of accidents, negligent acts or omissions of myself or others (including Rimonim and its agents). Therefore, I/we hereby release, waive, discharge, and hold harmless Rimonim and its affiliates, predecessors, successors, trustees, officers, directors, employees, agents and representatives from any personal injury, or illness, death, property damage, loss and/or theft, arising out of any accident, or any other occurrence during Religious School (Rimonim) field trips.

**Medical and insurance information:** In the event I/we cannot be reached in an emergency, I/we give permission for my child, named above, to be treated by a physician or hospital selected by the Religious School (Rimonim) staff in charge of a field trip. My child's medical and insurance information is as follows:

**Physician's name** \_\_\_\_\_ **Physician's phone** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_ **Insurance ID #** \_\_\_\_\_

**Please list the names and phone numbers of at least one close relative or friend who could be contacted in the event that a parent/guardian cannot be reached.**

<b>Name</b>	<b>Relationship</b>	<b>Phone #</b>
_____	_____	_____

In signing below, I/we certify that I/we have read and fully understand the above waiver of claim and General Release.

\_\_\_\_\_  
Parent/Guardian signature      Printed name                      Date

**Rimonim- Student Registration 2010-2011**

**Please complete one form for each child and include a check for all registration fees**

Student's name \_\_\_\_\_ Date of Birth \_\_/\_\_/\_\_

Child's Hebrew name \_\_\_\_\_ Rimonim Grade 2010-2011 \_\_\_\_\_

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ Email address \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (home) \_\_\_\_\_

Phone (work) \_\_\_\_\_ Phone (work) \_\_\_\_\_

Phone (cell) \_\_\_\_\_ phone (cell) \_\_\_\_\_

Mother's Hebrew name \_\_\_\_\_ Father's Hebrew name \_\_\_\_\_

To whom should Rimonim correspondence be addressed? Mom \_\_\_ Dad \_\_\_ Both \_\_\_\_\_

Name of secular school 2010-2011 \_\_\_\_\_ Secular School grade 2010-2011 \_\_\_\_\_

Emergency contact in case parents cannot be reached:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy number \_\_\_\_\_

Please describe health or dietary matters including food allergies

Please list medications your child routinely takes and for what purpose

Please describe educational or behavioral concerns of which we should be aware

Please list your child's favorite hobbies, special talents and interests

## **Refund Policy- Rimonim 2010-2011**

All registration fees and material fees are not refundable at any time

Prior to August 1<sup>st</sup> 100% of tuition will be refunded

August 1<sup>st</sup>-August 31<sup>st</sup> 75% of tuition will be refunded

September 1<sup>st</sup> - September 30<sup>th</sup> 50% of tuition will be refunded

October 1<sup>st</sup>-November 30<sup>th</sup> 25% of tuition will be refunded

After November 30<sup>th</sup> no refunds will be issued