

TIRS REGISTRATION FORM 2022-2023 (5782-5783)

FAMILY NAMES: _____

New to TIRS **Returning**

Student #1 **Student's name** _____ Date of birth _____

Students Hebrew Name _____ Grade _____

Hebrew School Grade _____ Health Card number _____

Does this Child have an IEP, Diagnosis, Learning Style, Require Sensory supports or support with classroom integration?

Yes No (If yes, please provide details in the LEARNING PROFILE FORM.)

Student #2 **Student's name** _____ Date of birth _____

Students Hebrew Name _____ Grade _____

Hebrew School Grade _____ Health Card number _____

Does this Child have an IEP, Diagnosis, Learning Style, Require Sensory supports or support with classroom integration?

Yes No (If yes, please provide details in the LEARNING PROFILE FORM.)

Student #3 **Student's name** _____ Date of birth _____

Students Hebrew Name _____ Grade _____

Hebrew School Grade _____ Health Card number _____

Does this Child have an IEP, Diagnosis, Learning Style, Require Sensory supports or support with classroom integration?

Yes No (If yes, please provide details in the LEARNING PROFILE FORM.)

PLEASE FILL OUT A STUDENT PROFILE FORM BELOW

ALLERGIES: No known allergies for any of the above students.

_____ (Student's name) is allergic to: Food Medicine Insect Stings

Please list: _____ Does the student carry an Epi Pen? Yes No

Please provide a current picture especially if your child has a severe allergy. If more than one of your children has an allergy or learning disability, etc. please indicate above.

PARENT CONTACT INFORMATION:

Parent #1: Name _____ Email _____

Mailing Address _____

Home phone _____ Cell phone _____ Jewish Non-Jewish

Parent #2: Name _____ Email _____

Mailing Address (if different) _____

Home phone (if different) _____ Cell phone _____ Jewish Non-Jewish

COMMUNICATION SHOULD BE WITH: **PARENT #1** **PARENT #2** **BOTH**

Emergency Contact Info:

Contact #1: Name _____ Relationship _____

Email _____ Cell phone _____

ADULTS OTHER THAN PARENTS/GUARDIANS AUTHORIZED TO PICK UP YOUR CHILD/CHILDREN FROM TIRS:

1. Name: _____ 2. Name _____

PERMISSION REQUESTS:

1. I agree that pictures or videos of my child/children may be used to promote or advertise TIRS in print, on the website or through social media. **(Their names will not be used.)** Yes No
 2. I agree that a photo that includes my child may used internally for weekly communication. Yes No
 3. I agree to share my email address for the Parent Directory. Yes No
 4. I agree to be included in a carpool list that matches families by neighbourhood. Yes No
- Please circle all that apply: 1) We would like to arrange a carpool to/from TIRS
 2) We have room in our car to transport another child or children to/from TIRS

PARENT/GRANDPARENT VOLUNTEER OPPORTUNITIES:

- | | |
|---|---|
| <input type="checkbox"/> Being a Class Parent / Ambassador | <input type="checkbox"/> Special arts such as calligraphy |
| <input type="checkbox"/> Storytelling | <input type="checkbox"/> Cooking or baking |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Playing a musical instrument |
| <input type="checkbox"/> Joining the School / Youth Committee | <input type="checkbox"/> Other: _____ |

Please let us know when the best time to contact you to talk about volunteering: _____
 If you are interested in volunteering with TIRS, please be aware that Vulnerable Sector Police Record Checks will be required. Follow link to obtain PRC. <https://olbc.ottawapolice.ca/>

TIRS High Mondays from 6:30 – 8:30 pm. Courses offered 2022/2023 for Grade 7 to 10

Please indicate which course you/your child/children will be taking. **Prior enrollment in TIRS is not required.**

- Grade 7** "B'nai Mitzvah Program" includes units on Jewish Identity, Life Cycle, Holocaust, Jewish History post 1st Temple period, Hebrew, and more in an engaging, creative and fun environment.
- Grade 8** Students experience units in World Jewish Cultural and Cooking, Exploring Jewish Ottawa, and Jewish History Post-Exodus to Modern-Day Israel through field trips, volunteer experiences, guest speakers, and a Shoah project.
- Grade 9 & 10:** "Where We Came From, Who We Are, and Where We're Going." Search family history, the role played as a Jewish person in a multicultural, internet-based, modern society and see yourself as a participant in the future. Includes the study of Maus, Vol. 1 as part of Holocaust studies. Other topics include social justice, community, and responsibility.

Grade 10 Confirmation Service (reaffirmation of Jewish identity) Instructor: Rabbi Mikelberg. More detail will follow.

If your child plays a instrument with proficiency and would like to join Moreh Larry in leading services please fill out the information below.

Student: _____ **Instrument:** _____ **Proficiency Level:** _____

Signature of parent or guardian: _____ **Date:** _____

Please fill this registration form out completely and return with your school fees by August 31, 2022 . TIRS requires a registration form and payment arrangements to admit a student to class. If you are enrolling for the first time, please provide a recent photo of your child either with this form or via email attachment to tirs@templeisraelottawa.ca. Photos will be kept confidential and will be used for internal staff purposes only.

TUITION AND FEES

PLEASE COMPLETE THE REGISTRATION FORM AND MAKE PAYMENT ARRANGEMENTS BY AUGUST 31, 2022.

- Payments may be made in monthly installments (to a maximum of 10). Please make the first installment by September 1, 2022 and the last by May 31, 2023.
- Tax receipts are issued for the amount paid in a calendar year.

TIRS WELCOMES ALL JEWISH CHILDREN AND THEIR FAMILIES TO OUR SCHOOL.

THERE IS A NON-MEMBER FEE AS FOLLOWS:

- \$500 per family in addition to tuition if the family is not affiliated with an Ottawa synagogue;
- \$250 per family that is a full member of another Ottawa synagogue.

GRADE	SCHOOL DAY(S)	TUITION	# OF CHILDREN	AMOUNT
JK, SK and Grade 1	Sunday In Person	\$1020/child		
*Grades 2 to 6 PLEASE CIRCLE THE HEBREW OPTION OF YOUR CHOICE IN-PERSON MONDAY OR VIRTUAL WEDNESDAY	Sunday In Person & Monday In-Person OR Wednesday Virtual	\$1530/child		
Grades 7	Monday In Person	\$1275/child		
Grade 8-10	Monday In Person	\$1020/child		
Administrative Fee #1 Not affiliated with an Ottawa synagogue		\$500/family		
Administrative Fee #2 Full member in good standing of another Ottawa synagogue. Please have other synagogue confirm in writing and submit along with your payment to the Temple Israel office.		\$250/family		
			GRAND TOTAL	

GENERAL INFORMATION:

- *Grades 2-6 attend classes on Sundays and Wednesdays. If you have an exceptional request for your child not to attend on Wednesdays, please apply in writing by email to the principal for approval tirs@templeisraelottawa.ca. This consideration will be reviewed annually before the commencement of the school year.

PAYMENT INFORMATION:

- Cheque (made out to Temple Israel),
- Payment can be made by cash, ETransfer (to bookkeeper@templeisraelottawa.com),
- VISA or Master Card. (NOTE: There is a 3% surcharge for using a credit card.)

Financial assistance is available in strict confidence to Heather Cohen, Executive Director, at 613-224-1802 or execdir@templeisraelottawa.com.

VISA MC Card number: _____

Expiry date: _____ CVV: _____ 1 payment: _____ or 10 payments: _____

Cardholder's name: _____ Signature _____

Other directions for the office regarding payments (i.e. monthly payments)

Student(s) Profile

Student's name _____

We want to get to know your child better! Tell us some of their likes or dislikes.

Crafts/Colouring	<input type="checkbox"/> Yes <input type="checkbox"/> No	Building (eg: Lego)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Music/Singing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Storytelling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Outdoor Play	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____		

How does your child fair with new settings?

Quick to adapt to new settings Shy at first but warms quickly after
Needs a couple sessions to adjust Has a difficult time and may need a parent in class for a period pf time

Please check which best describes your child's Jewish Knowledge Base (**NEW STUDENTS TO TEMPLE ONLY**):

Is this your child's first time experience Jewish Education outside your home? Yes No

If NO, please indicate where they attended prior to joining TIRS: _____

Knows the Aleph Bet Song Knows major Jewish Holidays Can identify the Hebrew letter (up to 10 letters)

Can decode Hebrew for reading Knowledge of Major Torah Stories (eg: Creation, Noah's Ark)

Familiar with Jewish Object (e.g.: Mezuzah, Shofar, Torah)

Tell us a bit about your child, if they are new tell us what makes them special and unique. If your back! (Welcome back!) share with us any changes or highlights

Learning Profile

Student's name _____

- | | | | | | |
|------------------------------------|------------------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------|
| IEP (Independent Educational Plan) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | LD (Learning Disability) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Autism Spectrum | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sensory Processing Disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Speech/Language Disorder: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | ADHD | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other: _____ | | | | | |

Tell us a bit about your child and their learning styles. Any insight will help us provide a meaningful experience for your child. Please include preferences and tips, (ex: no crafts, sensitive to loud noises, responds to hands signals or touch)

Does your child have IEP, OT (Occupational Therapist), Report: Yes No

If YES, and you are comfortable sharing please attach reports to your registration submission. Reports will be kept confidential.

If you ARE NOT comfortable sharing reports, please share some information with us to better support your child.

please indicate whether your child would requires any of the supports below.

- | | |
|--|---|
| <input type="checkbox"/> Fidget toys (ex: Poppers) | <input type="checkbox"/> Compression Tube (Deep pressure/Proprioception system support) |
| <input type="checkbox"/> Weighted Lap support | <input type="checkbox"/> Wiggle seat <input type="checkbox"/> Other _____ |

Does your child require 1:1 support in school Yes No

If YES, please indicate why your child would need 1:1, and if there is a Male/Female preference. **PLEASE NOTE: We do not have certified EA's as 1:1 support. Support team is made up of TA's who may be in High School or University Age. TAs are supervised by a Teacher and the Principal.**
