



# 2010-2011 OVS Talmud Torah School

*Our Parents' Traditions, Our Children's Future*

## Student Information

<b>Student's</b> Full Name – First, Middle, Last		<b>Hebrew</b> Name	
/ /	/ /	AM / PM	M / F
English Birth Date	Hebrew Birth Date	Time of Birth	Gender
Current Public/Private School Attending		County	Grade Level
		Yes / No	
Name of teacher	School Phone	May we contact current teacher?	

## Parents Information

<b>Father's</b> Full Name		<b>Hebrew</b> Name
Home Address		
City	State	Zip
Email Address	Home Phone	Cell Phone

<b>Mother's</b> Full Name		<b>Hebrew</b> Name
Home Address (if different from Father)		
City	State	Zip
Email Address	Home Phone	Cell Phone

If parents are divorced, what is the custody arrangement? \_\_\_\_\_

Which parent should receive progress reports? Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_

To whom should billing be sent? Mother \_\_\_\_\_ Father \_\_\_\_\_

Name of any other adult who provides care for child \_\_\_\_\_

Relationship \_\_\_\_\_ How often? daily weekly weekends occasionally

Languages Spoken at Home \_\_\_\_\_

Returning Student \_\_\_\_\_ New Student \_\_\_\_\_ Previous School Attended \_\_\_\_\_

### Children age 3-6 years:

At what age did your child sit up? \_\_\_\_\_ Walk? \_\_\_\_\_ Crawl? \_\_\_\_\_

At what age did your child first start speaking words? \_\_\_\_\_ Sentences? \_\_\_\_\_

Is your child potty trained? \_\_\_ Yes \_\_\_ In Process (must be potty trained to begin)

### All children:

Please **check** any of the following that apply to your child most of the time:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Happy         | <input type="checkbox"/> Cooperative     | <input type="checkbox"/> Prefers Following |
| <input type="checkbox"/> Dramatic      | <input type="checkbox"/> Cries Easily    | <input type="checkbox"/> Creative          |
| <input type="checkbox"/> Daydreams     | <input type="checkbox"/> Patient         | <input type="checkbox"/> Empathetic        |
| <input type="checkbox"/> Cautious      | <input type="checkbox"/> Extroverted     | <input type="checkbox"/> Confident         |
| <input type="checkbox"/> Adventurous   | <input type="checkbox"/> Active          | <input type="checkbox"/> Persevering       |
| <input type="checkbox"/> Shy           | <input type="checkbox"/> Moody           | <input type="checkbox"/> Sensitive         |
| <input type="checkbox"/> Introverted   | <input type="checkbox"/> Affectionate    |  |
| <input type="checkbox"/> Young for Age | <input type="checkbox"/> Prefers Leading |  |

Educational or Psychological Evaluations completed, please provide results:

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Does your child have an IEP? **Yes / No** If **yes**, please attach/ provide a summary.

How does your child handle frustration?

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What approach to discipline does mother/father use?

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How many hours does your child spend watching television? \_\_\_\_\_ a day \_\_\_\_\_ a week

How much time does your child spend with other **Jewish** children? \_\_\_\_\_ a day \_\_\_\_\_ a week

What other Jewish activities is your child involved in besides OVS Talmud Torah School?

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How does your child participate in Jewish rituals and observances at home?

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When you decided to send your child to the OVS Talmud Torah School, what were some of the **Jewish Educational goals** you had in mind? \_\_\_\_\_

How do you see OVS Talmud Torah School facilitating these goals? \_\_\_\_\_

What role can we expect you, the parents, to play in facilitating the Jewish Educational goals that you have for your child?

Please rank the **importance** of learning about each of the following Jewish subjects for your child:

	<u>Least important</u>		<u>Most important</u>
	1	2	3
<b>Jewish holidays</b>	1	2	3
Customs	1	2	3
Laws	1	2	3
Prayers	1	2	3
<b>Jewish traditions</b>	1	2	3
Kashrut	1	2	3
Kippot/Tzitzit	1	2	3
How to pray each day	1	2	3
What blessings to say over food	1	2	3
<b>Hebrew Literacy</b>	1	2	3
Read Torah Hebrew	1	2	3
Pray in Hebrew	1	2	3
Read Modern Hebrew	1	2	3
Write Modern Hebrew	1	2	3
Speak Modern Hebrew	1	2	3
<b>Jewish history</b>	1	2	3
Biblical	1	2	3
Modern Israel	1	2	3
Holocaust	1	2	3
Sephardic	1	2	3
<b>Jewish values</b>	1	2	3
Keeping Mitzvot	1	2	3
Tzedakah	1	2	3
Chesed (kindness)	1	2	3

There are many volunteer opportunities available, **which will you be signing up for?**

- \_\_\_\_\_ Preparation and clean up of snack
- \_\_\_\_\_ Buying snack (reimbursed for food expense)
- \_\_\_\_\_ Assisting with field trips
- \_\_\_\_\_ Building/Making materials needed in classrooms (reimbursed for material expense)
- \_\_\_\_\_ Assisting with Tzedaka Project

**OVS Talmud Torah School Tuition**

**OVS Members:**

Tuition: \$500 per child (each additional child receives a \$25.00 discount)

Deposit: \$100 (will be applied to tuition)

Registration fee: \$25 per family

**Non members:**

Tuition: \$600 per child (each additional child receives a \$25.00 discount)

Deposit: \$100 (will be applied to tuition)

Registration fee: \$25 per family

**All tuition and fees due by December 31, 2010.**

Please mail registration form and deposit check (made payable to Congregation Or VeShalom) to:

Zahavah Stilman  
Congregation Or VeShalom  
1681 North Druid Hills Road  
Atlanta, GA 30319

Director of Education Phone: 404-538-6545

Synagogue Telephone: 404-633-1737

Synagogue Fax: 404-633-5938

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**For office use**

Date application received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Deposit \$\_\_\_\_\_ Check # \_\_\_\_\_

Signature of Director of Education \_\_\_\_\_

Signature of Facilities Manager \_\_\_\_\_

Payments received:

Date	Amount	Check #	Initials
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____