



EMET DOR KEF  
EMETH'S "FUN GENERATION"

After the bar/bat mitzvah year, students are eligible to participate in Emet Dor Kef. This program combines social opportunities for our teens while they are engaged in Jewish learning. Rabbi Israel is the Emet Dor Kef supervisor and teacher.

Emet Dor Kef functions in many ways like a club. In addition to regular activities, weekend retreats with other temples are planned as well as away weekends for our teens.

Usually twice a month, EDK classes or activities will take place. Occasionally, a special program is scheduled, in the areas of social, religious, and community service.

All teen teachers and madrichim must be enrolled in Emet Dor Kef.

Please return this Registration Packet to Rabbi Israel, either by mail (to Congregation Emeth, 17835 Monterey St, Morgan Hill 95037-3615) or email, [rabbi@emeth.net](mailto:rabbi@emeth.net).

## **EDK CALENDAR 2018-2019**

All Sunday sessions: 5:00-6:30 PM at Emeth unless noted otherwise. Please note: Rabbi is trying to arrange field trip adventures, to be determined and announced!

### **Tentative Schedule**

#### **SEPTEMBER**

- 10 Erev (evening) Rosh Hashanah! Happy New Year! EDK Food Drive begins! We need 4 volunteers to distribute the empty grocery bags after evening and morning services, two people at the front entrance and two people at the back entrance. A sign up Genius will be set soon so you can volunteer.
- 11 Rosh Hashanah morning service. Be sure to tell your teachers you'll be missing! If you need a letter from Rabbi for an excused absence, just ask!
- 16 EDK "opening" for 2018-2019. Arrive at 2 PM for Ice Cream Social! Meeting our new EDK members, and renewing acquaintances! Brainstorming plans for the new year! Please be prepared to share your summer highlights! At 3 PM, help complete the Sukkah, putting the shakh (rooftop branches) and also helping create play stations in the parking lot for older students. Expected end time is 4:00 PM.
- 18 Evening Yom Kippur Services – Kol Nidre – EDK to light candles! RSVP to Rabbi! It's so wonderful when all of you are there!
- 19 Yom Kippur, all day! - be sure to tell your teachers you'll be missing! If you feel like you just can't miss school for the morning service, come to the evening service (and break-the-fast). If you need a letter from Rabbi for an excused absence, just ask! EDK Food Drive ends that day.
- 23 Congregation Dinner in the Sukkah you helped decorate, 6:00 PM
- 28 Simchat Torah celebration – come dance with the Torah! We need your dancing feet! 7:15 PM
- 30 EDK Pizza in the Hut and going through food donations, 5:00-6:30 PM

#### **OCTOBER**

- 21 EDK class, 5:00-6:30 PM

#### **NOVEMBER**

- 18 Interfaith Thanksgiving Program, 5:00 PM – EDK participates as a group

#### **DECEMBER**

- 9 EDK Chanukah Party, 5:00-6:30 PM. White Elephant Gift Swap.

#### **JANUARY**

- 13 EDK Field Trip to Jubilee – Day of Learning at JCC in Los Gatos.
- 21 EDK participates in Interfaith MLK Service

#### **FEBRUARY**

- 10 EDK class, 5:00-6:30 PM; plan Purim Shpiel and participation
- 25 Practice for Purim Shpiel

#### **MARCH**

- 3 EDK audition and rehearse for Purim + Class, 5:00-6:30 PM
- 17 Final Purim rehearsal, 5:00-6:30 PM

22 Purim Shpiel for Chai School students 5:30 PM; Purim Shpiel & Party, 7:15 PM

**APRIL**

28 EDK class, 5:00-6:30 PM

**MAY**

19 EDK end of year celebration party! And goodbye to graduating Seniors Levi, Haley, and Matt! Time and place to be determined.

**EMET DOR KEF SIGN-UP/RSVP SHEET**

*(Please fill out a different sheet for each student, if siblings are enrolling in EDK)*

Student Name: \_\_\_\_\_

The best way to reach this student (check all that apply; please list all contact information in any event):

\_\_\_ Text; number: \_\_\_\_\_

\_\_\_ Cell phone number: \_\_\_\_\_

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

\_\_\_ Always cc parent(s) to get student's attention and reply

Please return this with your Registration Packet.

**Congregation Emeth – Emet Dor Kef**  
**5779 Educational Field Trip**  
**Consent and General Release of Liability**

**Parents will always be notified in advance of all field trips, but this general consent form is provided so that individual permission forms do not need to be returned for each trip. Students will travel by bus or private automobiles and will be accomplished by Synagogue staff and parents.**

*By signing this Consent and General Release of Liability you (you or your refers to the parents or guardians of the student) are knowingly and voluntarily agreeing on behalf of yourself, your child and others to assume the risks of participating in field trips sponsored by Congregation Emeth's Emet Dor Kef program*

*You are also knowingly and voluntarily releasing from all liability Congregation Emeth and all Congregation Emeth's representatives and employees from all claims and liabilities of every kind, known or unknown, which relate in any way to this event or activity, whether the claim exists now or in the future, whether based on tort, including negligent or intentional, contract, statute, or other theory, including compensatory and punitive damages claims.*

*You are waiving all rights under California Civil Code section 1542, which states:*

*"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of execution of the release, which if known by him must have materially affected his settlement with the debtor."*

*You understand and agree that you hold Emeth, its officers, employees, and representatives harmless from any and all liability or claims which may relate in any way to your child's participation in this event or activity. Congregation Emeth does not provide insurance coverage for these events or the driving trips that may be required for these events or activities. You agree to allow your child to ride with any Emeth employee, volunteer, or other person to and from these events or activities. If volunteer drivers provide transportation, Emeth requires that volunteer drivers carry sufficient liability insurance, hold a valid driver's license, and operate a safe motor vehicle.*

*In the event of an emergency, you do hereby consent to whatever medical treatment and hospital care that are considered necessary in the best judgment of the attending physician of the hospital or facility furnishing medical services.*

*This document incorporates the entire understanding between you and your child/ren and Emeth regarding Emeth events and activities and cannot be changed by verbal or other written statements.*

Student(s) Name (s) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Congregation Emeth Emet Dor Kef (EDK) 5779 - Emergency Information**

Name of Child _____	Date of Birth: _____
Health/ Accident Insurance Company _____	Policy # _____
Any medical/psychological/learning disabilities or conditions Congregation Emeth needs to know about your child: _____	
Medication, Strength, Dosage _____	Medication, Strength, Dosage _____
Medication, Strength, Dosage _____	Allergies: _____

Name of Child _____	Date of Birth: _____
Health/ Accident Insurance Company _____	Policy # _____
Any medical/psychological/learning disabilities or conditions Congregation Emeth needs to know about your child: _____	
Medication, Strength, Dosage _____	Medication, Strength, Dosage _____
Medication, Strength, Dosage _____	Allergies: _____

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Medication, Strength, Dosage _____	Allergies: _____

Name of Child _____	Date of Birth: _____
Health/ Accident Insurance Company _____	Policy # _____
Any medical/psychological/learning disabilities or conditions Congregation Emeth needs to know about your child: _____	
Medication, Strength, Dosage _____	Medication, Strength, Dosage _____
Medication, Strength, Dosage _____	Allergies: _____

Emergency Cell phone number(s) \_\_\_\_\_

Emergency contact (other than parents) \_\_\_\_\_

*In case of injury or illness of a child, every effort will be made to contact his/her parent(s) or guardian. The following instructions will remain in force unless revoked by parent(s) or guardian in writing.*

*I (we) the undersigned, parent (s) of \_\_\_\_\_, minor(s), do hereby authorize Congregation Emeth as agent for undersigned to consent to x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under general or supervision of any physician and surgeon licensed under the provision of the Medical Practice Act on the staff, whether such diagnosis or treatment is rendered at the office of said hospital.*

*It is understood that this authorization is given in advance of specific diagnosis, treatment, or hospital care being required but is given to provided authority and power of the part of aforesaid agent(s) to give specific consent to any and all said diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/ her best judgment may deem advisable.*

*This authority shall remain in effect until the end of the 2016-2017 school year unless sooner revoked in writing, delivered to agent(s). This authorization is given to provision of Section 25.8 of the Civil Code of California.*

Date: \_\_\_\_\_ Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

Legal Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Congregation Emeth – Emet Dor Kef 5779 (2018-2019)**  
**Registration Form**  
**Emet Dor Kef (Post Bnai Mitzvah – Grade 12)**

Parents' or Guardians' Names:

Parent 1 \_\_\_\_\_

Home/Cell # \_\_\_\_\_ Email address: \_\_\_\_\_

Parent 2 \_\_\_\_\_

Home/Cell # \_\_\_\_\_ Email address: \_\_\_\_\_

Child(ren)'s Mailing Address: \_\_\_\_\_

Teen 1 \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Home/Cell # \_\_\_\_\_ Email address: \_\_\_\_\_

Teen 2 \_\_\_\_\_

Home/Cell # \_\_\_\_\_ Email address: \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Cost: 1st Student \$250, includes materials

2nd Student \$225, includes materials

Total Tuition \$ \_\_\_\_\_

Registration Deadline is August 31, 2018.

After August 31, add \$100 late fee per family \$ \_\_\_\_\_

Optional donation to Temple School Scholarship Fund for those in need (\$36)

\$ \_\_\_\_\_

TOTAL DUE \$ \_\_\_\_\_

Check enclosed for \$ \_\_\_\_\_

Please bill my congregation account

Notes: \*Financial Aid is available – See attached Financial Aid Application

**Confidential Financial Aid Application  
Emet Dor Kef**

**DUE BY: August 31, 2018**

**Today's Date:** \_\_\_\_\_

Condition for all Financial Aid: Family is in good standing as per constitution.

**Part A – APPLICANT (STUDENT) INFORMATION:**

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Emeth Beit Sefer Grade (for school year of this application): \_\_\_\_\_

Secular School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent's Address (if different from student's):  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PART B - FINANCIAL AID REQUEST**

Cost of Program: \$ \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Confidential Statement of Financial Need: (Relevant comments could include: family circumstances; health, marital status, employment information, college tuition, etc; attach additional paper with comments if needed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART C - STATEMENT OF COMMITMENT:**

I/We acknowledge that the grant of this financial aid is conditioned on the applicant being enrolled in the Congregation Emeth Beit Sefer or Emet Dor Kef. I/We understand that if the recipient is removed from the program for cause, or if the child stops attending any Emeth School for any reason, the grant/scholarship will be refunded to the congregation in full.

Parent's Signature (for everyone) \_\_\_\_\_

**PART D- SCHOLARSHIP COMMITTEE ACTION**

Approved Amount: \$ \_\_\_\_\_ Denied: \_\_\_\_\_

Date: \_\_\_\_\_

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Scholarship Committee Chairperson's Signature: \_\_\_\_\_