





### **Attendance requirements:**

We ask all of our students to make every effort to attend classes. We wish them to have an enriched journey, and connectivity from lesson to lesson will only enhance your children's discovery of the meaning and joy of a Jewish experience. Plus, their regular attendance with their classmates will help build an atmosphere of comfort and camaraderie.

- All students and their families are asked to join us for family Shabbat Services.
- Students in 3rd grade - B Mitzvah students are required to attend Friday night Shabbat services at least once a month when students will be asked to participate in the service in song, interactive story, or prayer.
- B Mitzvah students are required to attend both Hebrew and Chai Schools and Shabbat services at least twice a month.

### **Volunteer!**

The Board of Directors of Congregation Emeth asks that every member consider volunteer service to the temple. Because of our size, every member plays an important role of "keeping our house" in order and helping to provide the kinds of programs and services we expect. Here are some suggestions of ways you can volunteer:

- Serve on any of the temple's committees: Membership, Ritual, Adult Education, Fundraising.
- Help plan or assist with the family-oriented holiday celebrations or special events.
- Be a host for a Shabbat Oneg.
- What would YOU like to do to serve your congregation? Please let Marcia Fishman know how you'd like to volunteer!

More suggestions are listed on the website. You are needed! Please volunteer!

### **Congregation Emeth's Shabbat Services:**

Family Services are held once a month. We hope you'll join us at least once a month for services. Students are always welcome to participate. Please check HaMadrach and the website for the weekly schedule. All are welcome and encouraged to participate in services.

Friday evenings at 7pm  
Saturday mornings at 10am

For weeks when there are no services, we still encourage you to celebrate Shabbat at home. For a guide to home rituals, go to <http://www.emeth.net/worship/blessings/shabbat-blessings>. Rabbi Dantowitz is available to assist you as well.



## **Basic philosophy of Emeth's Beit Sefer programs**

### **Chai School:**

The primary goal of this program is to foster Jewish identity development as well as the acquisition of knowledge. It is recognized that knowledge of and comfort with Jewish traditions, values, and practices are an essential component of Jewish identity development.

- 1. Jewish education and identity development are a lifelong process. We therefore provide programs for children from Kindergarten through 12<sup>th</sup> grade. We reject the view of either B Mitzvah or Confirmation as the culmination of a student's Jewish education.*
- 2. We affirm the autonomy of each Jew to make choices regarding their observance and theology, but simultaneously expect all members to make these choices in an informed and responsible manner, respectful of Jewish tradition. Our programs are intended to empower students toward this goal.*
- 3. A significant goal of our programs is to build community among students, and for students to acquire a positive image of both Judaism and synagogue. These goals are viewed as equally important to the goal of knowledge acquisition.*
- 4. We view the congregation's role in Jewish identity development as secondary to, and supportive of, the parents' role in the child's Jewish identity. Therefore many programs and projects are specifically designed to empower family discussion, practice and participation.*

### **Hebrew School:**

- 5. The primary goal of this program is development of core Hebrew skills. Hebrew is critical for a strong and sustainable Jewish identity for three reasons: (1) Hebrew is the primary language of Jewish prayer and is therefore a way for Jews throughout the world to feel a common bond and sense of continuity; (2) Hebrew is the unifying language of the Jewish people worldwide and the official language of the Jewish homeland of Israel; (3) Hebrew is the language of our sacred texts and artifacts and encountering these texts in their original meaning must be done in Hebrew.*
- 6. We recognize B Mitzvah as a primary catalyst of students' Jewish identity, and recognize that many of the skills acquired in Hebrew School are necessary for B Mitzvah. However, we believe that the goals and content of Hebrew School transcend simply B Mitzvah preparation and should not be viewed as the primary purpose of Hebrew School.*
- 7. Recognizing that language acquisition requires ongoing reinforcement, we expect students to spend approximately 1 hour per week outside of class, spread throughout the week, practicing Hebrew skills.*



**Congregation Emeth Beit Sefer**  
**5785 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 accompanied 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 Beit Sefer 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 Beit Sefer 5785 - 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: _____

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: _____

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 2024-2025 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: \_\_\_\_\_

# **Confidential Financial Aid Application Beit Sefer**

**DUE BY: September 5, 2024**

**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) \_\_\_\_\_