



# CONGREGATION BETH ISRAEL

15 JAMESBURY DRIVE, WORCESTER, MA 01609 (508) 756-6204  
<http://bethisraelworc.org/>

Affiliated with United Synagogue of Conservative Judaism  
Affiliated with The Synagogue Council of Massachusetts

May, 2017

Dear Parents and Community Members,

We are excited to announce that registration is open for the 2017-2018 Rimon Religious School. Housed at Congregation Beth Israel, Rimon seeks to bring Jewish learning alive with a hands-on, discovery-oriented experience that centers on the child, engages the family, and treasures the community. Our vision is for children to question, learn, and grow, creating a vibrant Jewish identity and future arising from the love and knowledge of our rituals, history, and tradition.

Our school is open to students in Kindergarten through High School. Coming this year, we will also be launching a new pre-kindergarten program for 4 and 5 year-olds. Meeting times are as follows:

- Pre-kindergarten: One Shabbat a month from 10:00-11:15 (followed by our monthly Tot Shabbat)
- Kindergarten and grade 1: Every Shabbat 9:30-12:00.
- Grades 2-7: Monday and Wednesday afternoons from 4:15-6:15 PM and Shabbat mornings from 9:30-12:00.
- Post B'nai Mitzvah: One afternoon a week 4:15-6:15 PM

Enclosed in the attached packet are the registration forms, pricing, and payment information. The school calendar is attached as a separate document.

Please complete and return the forms as soon as possible as the information will help us plan for this coming year. We invite you to share this information with others, as the school is open to all Jewish families in the Central Massachusetts area.

B'vracha (*with blessings*),

*Rabbi Aviva Fellman*

Rabbi Aviva Fellman  
Rabbi, Congregation Beth Israel

*Sheri Levson*

Sheri Levson  
Rimon Hebrew School Director



In the Jewish tradition, the 'rimon' - Hebrew for 'pomegranate' - is a symbol of goodness and a blossoming future. A pomegranate is said to contain 613 seeds corresponding to the 613 commandments in the Torah.

### Checklist of forms to return:

- \* Student registration form for Rimon (one for each child)
- \* School Payment Form
- \* \$100 per child non-refundable deposit

**RIMON RELIGIOUS SCHOOL  
REGISTRATION  
2017-2018 5778**



Registration forms can be downloaded and completed, then scanned and emailed to: [rimon@bethisraelword.org](mailto:rimon@bethisraelword.org).  
Forms can also be mailed or faxed to: Congregation Beth Israel, 15 Jamesbury Drive, Worcester, MA 01609.  
FAX (508)757-6650. If you have any questions, please contact Sheri Levson at (508) 756-6204 or [sheri.levson@bethisraelworc.org](mailto:sheri.levson@bethisraelworc.org).

**Student #1 Information**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Name of Secular School: \_\_\_\_\_ Town: \_\_\_\_\_

School Phone Number: \_\_\_\_\_ Grade (as of September 2017): \_\_\_\_\_

**Student #2 Information**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Name of Secular School: \_\_\_\_\_ Town: \_\_\_\_\_

School Phone Number: \_\_\_\_\_ Grade (as of September 2017): \_\_\_\_\_

**General Family Information**

Please fill out all sections that apply to your child.

1) Parent's/Guardian's Name (and relationship to child) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

2) Parent's/Guardian's Name (and relationship to child) \_\_\_\_\_

Address (check if same as above  ) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Other children in the household (name and age): \_\_\_\_\_

If parents do not reside at the same address, with which parent does the student(s) reside? \_\_\_\_\_

Please indicate synagogue affiliation, if any: \_\_\_\_\_

Emergency contact person to be called in the event that the parent(s) / guardian(s) cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

*(Be sure this person knows that you have put his/her name on this form and that he/she is generally available.)*

Relationship: \_\_\_\_\_

**I would be interested in helping with:**

\_\_\_ Volunteering in the school

\_\_\_ Family education programs

\_\_\_ Holiday activities

\_\_\_ Anything else \_\_\_\_\_

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

**Student #1 Medical Information**

Does your child have any medical concerns? Allergies? Food restrictions? If, yes, please list and explain.

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Family Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_ Yes \_\_\_ No In the event of an emergency, if I can't be reached, I give permission to Congregation Beth Israel to transport my child to the nearest appropriate emergency room.

**Picture Release**

There may be times when we take pictures or videos of events and activities at Rimon that we would like to share. Please indicate preference for including your child in the pictures that are distributed.

\_\_\_ Yes \_\_\_ No I hereby give permission for photos of my child to be used in print and/or electronically. All promotional photos will be reviewed by the Director prior to use.

**Additional Student Information**

Please summarize any formal or informal Jewish learning your child has had since pre-school.

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How does your child learn best?

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Is there any additional information about your child or family that would be helpful for us to know?

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Check here if you want to discuss educational accommodations for your child

**Student #2 Medical Information**

Does your child have any medical concerns? Allergies? Food restrictions? If, yes, please list and explain.

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Family Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_ Yes \_\_\_ No In the event of an emergency, if I can't be reached, I give permission to Congregation Beth Israel to transport my child to the nearest appropriate emergency room.

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