Friendship Circle Talmud Torah

FRIENDSHIP CIRCLE

The Stuart I Raskas Friendship Circle of Illinois 2095 Landwehr Road, Northbrook, IL 60062 |www.FCIL.org |847-943-9770

Registration Form - 5779

*** Please note – acceptance to the school is pending the director's approval ***

Please print clearly:

Part I: Student's Information

Last Name:		First Name: _		
Full Hebrew Name:			Male	□Female
Address:				
Zip:H	Iome Phone:			
School:	Grade:	Age:	_ Birthday:	_//
Is the child adopted? Ye	s 🗆 No 🗖			

Part II: Parents' Information

Father's Name:	Hebrew Name:		
Work phone: Cell:			
Occupation: Email	:		
Was the Father born Jewish? Yes \square No \square			
The Father is (check one) \Box Kohen \Box Levi	□ Israel		
Mother's Name:	Hebrew Name:		
Work phone: Cell:			
Occupation: Emai	l:		
Was the Mother born Jewish? Yes \square No \square			
Parents' Marital Status: Married Divorced 	l 🗖 Widowed		
Shul/Synagogue:			
Names and Ages of Other Children:			
Are there any conversions in the family? \square Yes \square No			
Details			

Part III: Education

Does your child know the Hebrew letters?	□ None □ Somewhat □ Well		
Does your child speak/understand Hebrew?	□ None □ Somewhat □ Well		
Child's Jewish education (<i>if any</i>):			
Learning Method /Strategy your child is accustomed to:			

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Part IV: Tuition

Tuition for 5779 (30 sessions) is \$1,200.

This includes a non-refundable deposit of \$150 due at registration.

Method of payment:

□ Full payment of \$1,200 enclosed

Two payments (of \$600 each) dated September 5, 2018 and January 7, 2019.

Please make checks payable to The Friendship Circle.

🛛 Visa	MasterCard	Discover	□ Amex		
Name:					
Card Nun	nber:			CVV	
Amount _	Exp. Dat	e: //_	Signature:		

Part V: Behavior & Medical Information

Does your child occasionally exhibit any of the following behaviors? Biting Grabbing Hitting Kicking Pull Hair Cursing Other _ What is the best method of handling the situation? Other things you would like to tell us about your child? Please list your child's favorite activities: Please list your child's least favorite activities: Explanation of Medical Concerns (if necessary): Dietary Restrictions: _____ Family physician: _____ Phone: _____ Up to date with vaccinations? \Box Yes \Box No Allergies and other known conditions: _____ **Person to be contacted in case of an emergency** (when parents cannot be reached): Name: _____ Phone: _____ Relationship to child: Medical Release Form: □ I hereby consent to the administration of The Friendship Circle to take whatever medical measures they deem necessary for my child in the event of a medical emergency. Signature of Parent or Guardian: _____ Date: _____

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Schedule 5779

Week	Date	Notes
Walk4Friendship	September 2, 2018	Walk4Friendship in Northbrook
1	September 16, 2018 First Day of Talmud Torah 5779	
Sukkos Program	September 30, 2018 Sukkos Program	
2	October 7, 2018	
3	October 14, 2018	
4	October 21, 2018	
5	October 28, 2018	
6	November 4, 2018	
7	November 11, 2018	
8	November 18, 2018	
9	November 25, 2018	
10	December 2, 2018	
	December 9, 2018	No Talmud Torah: Chanukah - Day 7
11	December 16, 2018	
12	December 23, 2018	
13	December 30, 2018	
14	January 6, 2019	
15	January 13, 2019	
	January 20, 2019	No Talmud Torah: Midwinter Break
	January 27, 2019	No Talmud Torah: Midwinter Break
16	February 3, 2019	
17	February 10, 2019	
18	February 17, 2019	
19	February 24, 2019	
20	March 3, 2019	
21	March 10, 2019	
22	March 17, 2019	Sunday before Purim
23	March 24, 2019	
24	March 31, 2019	
25	April 7, 2019	
	April 14, 2019	No Talmud Torah: Pesach Break
	April 21, 2019	No Talmud Torah: Pesach Break
	April 28, 2019	No Talmud Torah: Pesach Break
26	May 5, 2019	
27	May 12, 2019	
28	May 19, 2019	
29	May 26, 2019	
30	June 2, 2019	Graduation with Parents