

**Please complete all forms in this packet. Tear along perforated edges.**  
**Mail to: Midrasha, 1301 Oxford Street, Berkeley, CA 94709**  
**Questions? Call the Midrasha Office: 510 843-4667**  
**or e-mail: [diane@midrasha.org](mailto:diane@midrasha.org)**  
**We look forward to seeing you this fall!**

## Midrasha in Berkeley — Course Registration Form 2009 – 2010/5770

Remember: 8<sup>th</sup> grade and new student/parent orientation meeting, Thursday, September 3, 7:30 PM

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Please Rank 1st and 2nd Choice**

### 8<sup>th</sup> and 9<sup>th</sup> Graders:

**2<sup>nd</sup> Hour (please rank 1<sup>st</sup> and 2<sup>nd</sup> choices)**

- Beginning Conversational Hebrew – Maia Wolins
- Advanced Conversational Hebrew – Greg Newmark
- Drawing Meditation – Bunny Pearlman
- Spark: HeartAction – Erica Crowell
- Torah, Improv, Bibliodrama - Roni Alperin
- Comparative Religion – Sacha Kopin
- Chanting Down Babylon – Noemi Hollander
- Not Just Bagel Eaters – Anna Martin

**3<sup>rd</sup> Hour (please rank 1<sup>st</sup> and 2<sup>nd</sup> choices)**

- What's Bothering Rashi? – Greg Newmark
- Mosaics of our Lives – Bunny Pearlman
- Talmud – Muni Schweig
- Ethics of Wizardry – Sacha Kopin
- Jewish Jedi Training and Meditation - Day Schildkret
- Stories by Steig and Sendak – Noemi Hollander
- Ethics and the Holocaust – Maia Wolins

**Additional Courses and Programs**

- Tanach Class – Monday, 4:15-5:45  
David Henkin

### 10<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup> Graders:

**1<sup>st</sup> Hour (please rank 1<sup>st</sup> and 2<sup>nd</sup> choices)**

- Visions, Dreams: Oil Painting – Bunny Pearlman
- Path O' The Just – Greg Newmark
- Broadway Musicals and Jewsicals – Day Schildkret
- Keshet Aleph (10<sup>th</sup> grade) - Roni Alperin
- Keshet Bet (11-12<sup>th</sup> grade) – Devra Aarons

**2<sup>nd</sup> Hour (please rank 1st and 2nd choices)**

- Beginning Conversational Hebrew – Maia Wolins
- Advanced Conversational Hebrew – Greg Newmark
- Drawing Meditation – Bunny Pearlman
- Spark: HeartAction – Erica Crowell
- Warriors, Prophets and Harlots – Devra Aarons
- Abraham's Vision Unity Program \*
- Keshet Bet (11-12<sup>th</sup> grade) – Day Schildkret

**3<sup>rd</sup> Hour (please rank 1<sup>st</sup> and 2<sup>nd</sup> choices)**

- What's Bothering Rashi? – Greg Newmark
- Mosaics of our Lives – Bunny Pearlman
- Talmud – Muni Schweig
- Jewish Women's Voices – Anna Martin
- Abraham's Vision Unity Program \*
- Shmirat Ha-Guf – Devra Aarons
- Keshet Aleph (10<sup>th</sup> grade)– Roni Alperin

\*Abraham's Vision Unity Program must be taken in both 2<sup>nd</sup> and 3<sup>rd</sup> hour and will last until 12:45 pm. Besides selecting this class on this form, students must also fill out the Unity Program application on the Abraham's Vision website:

[http://www.abrahamsvision.org/component/option,com\\_mosforms/Itemid,0/mosform,5/](http://www.abrahamsvision.org/component/option,com_mosforms/Itemid,0/mosform,5/)

**Please complete important information on reverse side.**

# COURSE REGISTRATION CONTINUES

## Please Complete Important Information on Reverse Side

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

**GRANDPARENT ADDRESSES:** Occasionally we would like to send communications to grandparents (e.g. graduation, Seudah, and Brunch invitations or our fundraising appeal) and would appreciate their names and addresses:

Grandparent Name	Street	City	State/Zip
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Grandparent Name	Street	City	State/Zip
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**MIDRASHA JOB BANK:** Since Midrasha is often called upon to recommend students for a variety of jobs, we publish a list of students who would like to be considered for jobs. Entering your name does not guarantee you job placement, only that your name will be circulated in the community. Signing up is optional.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Babysitting   | <input type="checkbox"/> Tutoring Hebrew and Judaic studies | <input type="checkbox"/> Housework     |
| <input type="checkbox"/> Party help  | <input type="checkbox"/> Tutoring secular subjects          | <input type="checkbox"/> Office work   |
| <input type="checkbox"/> Yard work   | <input type="checkbox"/> Pet sitting                        | <input type="checkbox"/> Computer work |
| <input type="checkbox"/> Heavy moving and lifting  | <input type="checkbox"/> Other (specify) _____              | <input type="checkbox"/> I drive       |
| <input type="checkbox"/> I am interested in Community Service opportunities <input type="checkbox"/> Help building sukkahs |   |  |

**PURIM EXCHANGE:** All families will be asked to share mishloach manot (Purim treats: hamantaschen or fruit, nuts, candy etc.) with 4 or 5 families the week of Purim. If you do NOT want to participate, check here:

No, I do **NOT** want to participate in the Purim mishloach manot exchange. (If you don't check this, we will assume you are happy to join in the exchange.)

### Midrasha Homeless Meal

On the **first Wednesday, third Tuesday** and **fourth Thursday** of each month, Midrasha is responsible for feeding the 50 or so men who sleep at the City of Berkeley's shelter on Center Street in downtown Berkeley. We plan the menus, buy and cook the food, and they supply the paper plates, pots and pans etc.

You can help in the following ways:

- Families (or individuals, either teens or parents by themselves) sign up to help prepare and serve the meal. Feel free to sign up with groups of friends. This may provide community service hours for your secular school. This is a 3 hour commitment from approximately 5:00-8:00 on the 1<sup>st</sup> Wednesday, 3<sup>rd</sup> Tuesday or 4<sup>th</sup> Thursday evening of the month. The shelter organizers expect the cooks to join the residents for dinner. Shelter staff is there to answer questions.
- Midrasha will reimburse your expenses but, of course, you may choose to donate your purchases. Just make sure to contact the Midrasha office if you want a tax receipt or reimbursement check.
- If you can't help at the shelter on a Tuesday, Wednesday or Thursday night, please consider baking cookies at home and bringing them to the shelter or to a member of the Homeless Committee on the day of the meal.
- And last, but certainly not least, we need funds. We spend between \$50-\$100 per meal. The people who eat at this shelter are the most needy people around. If volunteers don't cook, the men don't eat. We do not have a line for this in our budget and depend on contributions to fund it.

This program is entirely organized by Midrasha students. Their contact information can be found at [www.midrasha.org](http://www.midrasha.org)

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

Parent(s) Name \_\_\_\_\_

Parent(s) e-mail \_\_\_\_\_

Parent(s) Phone(s) \_\_\_\_\_

My family (or just my teen, or just I) would like to participate in the shelter dinner. There will be \_\_\_\_\_ members of the family coming.

I would prefer to do this during: \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer

I would prefer to do this on the:

\_\_\_\_\_ 1<sup>st</sup> Wednesday of the month \_\_\_\_\_ 3<sup>rd</sup> Tuesday of the month \_\_\_\_\_ 4<sup>th</sup> Thursday of the month

I'd like to be in charge of one meal. I'll plan the menu, shop and cook, with any other volunteers that month.

I would like to be a cook, but let someone else plan the menu and shop.

My family would like to do this mitzvah with the following family(ies) or friend(s) \_\_\_\_\_

I can bake cookies and deliver them to the shelter or a Homeless Committee member on the day of the meal.

I can't commit now, but call me at the last minute as a possible backup.

I am helping to defray the cost of this tzedakah project with my enclosed tax-exempt contribution of \$\_\_\_\_\_



# Registration Form 2009-2010 / 5770

Midrasha in Berkeley  
1301 Oxford Street  
Berkeley, CA 94709  
510-843-4667  
FAX 510-843-4642  
diane@midrasha.org  
www.midrasha.org

Contra Costa Midrasha  
74 Eckley Lane  
Walnut Creek, CA 94596  
925-944-4701  
FAX 925-944-4703  
office@ccmidrasha.org  
www.ccmidrasha.org

Tri-Valley/Tri-Cities  
Midrasha  
3400 Nevada Ct.  
Pleasanton, CA 94566  
FAX 925-931-1054  
tvtcmidrasha@gmail.com

Bay Area Midrasha  
In Oakland  
C/O Temple Sinai  
P.O. Box 13315 #408  
Oakland, CA 94661  
510-501-6692  
bayareamidrasha@gmail.com

**PLEASE  
CIRCLE  
ONE  
CAMPUS**

## Student Information (Please print clearly and mail to the appropriate location above)

First Name _____	Last Name _____
Student Email _____	Student Personal Phone _____
Date of Birth ____/____/____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Secular School _____	Grade in School ____

**Midrasha Program** – By checking one of these boxes, you are financially committing to this program. Please mark the dates in your calendar today!

### 8<sup>th</sup> Grade (*Gesharim*): (choosing one is mandatory):

- Spring Retreat (4/23-4/25/10) & Day Trip (12/6/09) (with NO Rites of Passage)(\$200 total)
- Spring Retreat (4/23-4/25/10) & Day Trip (12/6/09) WITH Rites of Passage camping trip (11/6-11/8/09) (\$400 total)

### 9<sup>th</sup> Grade (*Etgar*): (Retreats are mandatory)

- with retreats (10/23-10/25/09, 1/29-1/31/10, 4/23-4/25/10)

### 10<sup>th</sup> - 12<sup>th</sup> Grade: (Retreat dates: 12/11-12/13, 2/26-2/28, 5/14-5/16) (Retreats are optional, please check one)

- 10<sup>th</sup> Grade WITH Keshet Retreats
- 11<sup>th</sup> Grade WITH Keshet Retreats
- 12<sup>th</sup> Grade WITH Keshet Retreats
- 10<sup>th</sup> Grade WITHOUT Retreats
- 11<sup>th</sup> Grade WITHOUT Retreats
- 12<sup>th</sup> Grade WITHOUT Retreats

8<sup>th</sup> and 9<sup>th</sup> Graders ONLY: List two roommate requests for retreats. 1. \_\_\_\_\_ 2. \_\_\_\_\_

## Parent/Guardian Information

If parents live in separate households - student lives with:  Both Parents  Parent I only  Parent II only  
Send mail to:  Both  Parent/Guardian I only  Parent/Guardian II only

### Parent/Guardian I:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Synagogue Membership (if any) \_\_\_\_\_

Home phone \_\_\_\_\_  
Day/Work Phone \_\_\_\_\_  
Parent Email \_\_\_\_\_  
Cell phone \_\_\_\_\_

### Parent / Guardian II:

Name \_\_\_\_\_  
Day/Work Phone \_\_\_\_\_  
Parent Email \_\_\_\_\_  
Cell phone \_\_\_\_\_

#### If Parent II lives in a separate household:

Home Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Synagogue Membership (if any) \_\_\_\_\_

## Emergency Contacts (one of the following people will be notified if neither parent can be reached):

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

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

**Additional Information and Signatures Required on Reverse Side**

**Please complete important information on reverse side.**

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

Midrasha:  BRK  CCM  TV/TC  OAK

**MEDICAL AND INSURANCE INFORMATION**

Doctor's Name _____	Doctor's Phone _____
Dentist's Name _____	Dentist's Phone _____
Insurance Company _____	Policy Number _____

During a retreat or overnight, all medications must be turned in to the retreat leader. Participants may keep only EPI pens and inhalers. If your child requires hospital care while on the retreat, your medical insurance will be billed.

Please indicate any and all specific medical and/or psychiatric conditions including but not limited to asthma, allergies, depression, or dietary restrictions. All information is strictly confidential.

Does your child take medication, including for emotional or psychological reasons?

Medication name and dosage: \_\_\_\_\_  
For what condition is medication being taken? \_\_\_\_\_

Does your child have or has s/he ever had any of the following?

- An anaphylactic reaction  Yes  No
- Specific physical condition/illness such as epilepsy, asthma, allergies, diabetes  Yes  No
- Special learning or emotional needs such as autism, developmental delays, or ADD  Yes  No
- Special dietary needs  Yes  No
- Any significant life changes or disruptions about which we should be aware  Yes  No

If you answered "yes" to any of the above questions, please describe below:

\_\_\_\_\_

\_\_\_\_\_

The CJLL Retreat Coordinator/Midrasha Director has my permission to dispense over-the-counter medications such as acetaminophen, ibuprofen, or antihistamines to my child.  Yes  No

**MEDICAL RELEASE**

I/We, the undersigned parents of \_\_\_\_\_, a minor, do hereby authorize Midrasha and CJLL staff as agent for the undersigned to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain in effect until June 30, 2010.

**PARENT/GUARDIAN UNDERSTANDING: PERMISSION**

- 1) I authorize my child to leave the CJLL/Midrasha site for supervised field trips. I give my permission to Midrasha and CJLL to use this emergency information for all classes, events, and retreats attended by my child. In the event that this information changes or that I will be out of town, I will provide the Midrasha Director and/or CJLL Youth Services Director with updated emergency contact information.
- 2) I have instructed my child to abide by all rules of safe and respectful conduct during Midrasha and CJLL Retreat activities. I understand that failure to follow safety rules will result in my child being sent home at my expense and being excluded from future activities.
- 3) At its discretion, the Midrasha Director or CJLL Leadership may remove my child from any program or retreat for reasons related to health or violations of Midrasha policies and Code of Conduct. Upon request, I agree to arrange for my child to be picked up from any retreat or Midrasha program immediately.
- 4) Neither I nor any other representative of ours will sue, claim against, attack the property of, or prosecute any of the Jewish Community Federation of the Greater East Bay and Midrasha, their directors, officers, agents and employees, and all affiliated entities for loss of property, injury, harm, accident, illness, loss of limb or life, or other personal injury, incapacity, medical cost, expense, damage, claim, or liability, howsoever caused, and regardless of whether caused directly or indirectly by my child's acts or any acts arising out of or in connection with their participation in Midrasha, the CJLL retreat program, or any activity associated with either program.
- 5) I understand that if the online RSVP is not received by the printed deadline, my child may not be able to attend the retreat.
- 6) I grant permission for the use of still and moving photos of the above named minor in Midrasha and CJLL Youth Services promotional materials, unless otherwise indicated in writing.

**STUDENT UNDERSTANDING: MIDRASHA POLICIES & CODE OF CONDUCT**

- 1) I will attend and participate fully in Midrasha and CJLL Retreats, unless my parent(s) expressly permit me to arrive late or depart early. During the announced class and programming hours, I will attend the class/program from beginning to end, and will remain onsite during the clearly announced breaks.
- 2) I am aware that the possession or use of weapons, violence, drugs, or alcohol is forbidden. I will pay for any damages I cause at Midrasha or retreat sites.
- 3) I agree to abide by the Policies and Code of Conduct as described in the Midrasha Program Brochure; the Gesharim, Etgar, and Keshet Handbooks; and those rules delineated by the directors, teachers, and staff(s) of Midrasha, Gesharim, Etgar, and Keshet. I understand that violation of the Midrasha/CJLL Policies and Code of Conduct may result in immediate dismissal from the program.

**Signatures (Registration will not be accepted without both student and parent signatures)**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please complete important information on reverse side.**

# MIDRASHA IN BERKELEY: PROGRAM FEES WORKSHEET 2009-2010

If you have any questions, please contact the Midrasha office at (510) 843-4667 or [desmid@midrasha.org](mailto:desmid@midrasha.org).  
Send payment, made payable to MIDRASHA, to: MIDRASHA, 1301 Oxford St., Berkeley, CA 94709.

STUDENT NAME(S): \_\_\_\_\_ GRADE(S) in Midrasha \_\_\_\_\_

(to calculate fees for a second child, add a column to the right of the ones provided)

**TUITION:**

Sunday Morning OR Midweek Tanach/Talmud class tuition fee (all grades).....	\$745	745
Midweek Tanach class tuition <i>in addition</i> to Sunday morning.....	+\$310	
Abraham's Vision Unity Program <i>in addition</i> to Sunday morning .....	+\$200	

**PLUS RETREATS:**

<b>8<sup>th</sup> Grade Gesharim package (required for 8<sup>th</sup> graders – you must choose one)</b>		
1. includes <b>Spring Retreat</b> 4/23-4/25/10 and <b>Day Trip</b> 12/6/09.....	+\$200	
--or-- 2. includes <b>Spring Retreat</b> and <b>Day Trip</b> PLUS <b>Rites of Passage</b> camping trip 11/6-11/8.....	+\$400	

**9<sup>th</sup>-12<sup>th</sup> Grade: Etgar or Keshet retreats (9<sup>th</sup> grade retreats required; 10-12<sup>th</sup> grade retreats strongly recommended)**  
 The unsubsidized Midrasha Etgar and Keshet Retreat Program fee is **\$920** per student. In an effort to make Midrasha retreats accessible to all students, the Jewish Community Federation of the Greater East Bay makes subsidies available to participants. Families able to pay the \$920, or anything over the subsidized fee of \$660, are expected to do so. Families needing financial aid over and above this \$260 subsidy may check the box below to request a financial aid form. **By signing up for retreats you are committing financially to the program. As our Midrasha retreats are part of an integrated educational program, retreat fees are NOT prorated for missed weekends.**

**Select the fee that applies to your 9<sup>th</sup>-12<sup>th</sup> grader's retreats:**  
 Unsubsidized fee for Midrasha Etgar or Keshet retreat program: \$920  
**OR** Partially subsidized by the Federation: any amount between \$920 and \$660  
**OR** Maximally subsidized by the Federation: \$660

**Please indicate your appropriate 9<sup>th</sup>-12<sup>th</sup> grader Etgar/Keshet retreat fee (\$920 or subsidized).....+\$ \_\_\_\_\_**

<b>PLUS all grades unaffiliated fees: (ONLY for families NOT affiliated with one of our sponsoring synagogues):</b>		
Midrasha Sunday or midweek tuition .....	+\$275	
<b>OR</b> Midrasha tuition with Etgar or Keshet retreats.....	+\$320	

PLUS Voluntary donation to Midrasha Scholarship Fund (student financial aid).....	+\$	
PLUS Voluntary donation to Midrasha Homeless Meal Fund.....	+\$	
PLUS Voluntary donation to Rebecca Feiler Memorial Director's Discretionary Fund.....	+\$	

**Please enter your subtotal of all lines at right**

**Subtotal of applicable fees per student.....=\$ \_\_\_\_\_**

From your subtotal you may adjust the following:

Deduct \$30 each for the 2 <sup>nd</sup> or 3 <sup>rd</sup> sibling concurrently registering in Midrasha.....	-\$	
Deduct \$25 per <b>family</b> if your pre-reg form and non-refundable \$150 deposit were postmarked by June 1.....	-\$	
Subtract amount of your Spring 2009 tuition deposit (\$150 per student), if any.....	-\$	

LATE FEE: Add \$25 late fee if your paperwork and initial check will be postmarked after September 1.....+\$ \_\_\_\_\_

**TOTAL FEES DUE..... \$ \_\_\_\_\_**

Enclosed is my check # \_\_\_\_\_ payable to MIDRASHA for \$ \_\_\_\_\_

My full tuition check is accompanying my registration form, made payable to Midrasha.

I would prefer to be on a payment plan. You can expect my checks:

\_\_\_\_\_ monthly, with final payment by **April 30, 2010**: Aug \$ \_\_\_\_\_ Sept \$ \_\_\_\_\_ Oct \$ \_\_\_\_\_ Nov \$ \_\_\_\_\_ Dec \$ \_\_\_\_\_  
 Jan \$ \_\_\_\_\_ Feb \$ \_\_\_\_\_ Mar \$ \_\_\_\_\_ Apr \$ \_\_\_\_\_  
 \_\_\_\_\_ in two equal payments, now and in **December 2009**

I need financial aid. Please send me a financial aid application. *Completed financial aid applications are due August 24, 2009.*

**Please note that financial concerns should never be a reason to not attend Midrasha or participate in the retreat programs.**

OFFICE USE ONLY: CK. NO. _____	AMT. _____	DATE RECD. _____	
FOLLOW UP CALL MADE DATE _____	FINANCIAL AID APP. SENT DATE _____		

# MIDRASHA NEEDS YOUR HELP

Please fill out the form below and return it to the Midrasha office along with your registration material.

\_\_\_\_\_  
Name of Parent(s)

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

\_\_\_\_\_ **SILENT AUCTION** (November 1)

\_\_\_\_\_ Donating the following item. \_\_\_\_\_

Be creative: Do you make jewelry? Pottery? Draft wills? Does your company make a product or offer a service you can donate? Are you a computer expert? Can you share your season tickets to a sporting event or entertainment? Are you a fitness trainer? An artist? A musician? A craftsperson? An author? A caterer? Do you own a vacation home? Do you want to regift an item that you or your child(ren) received that no one is using?

\_\_\_\_\_ I can help organize and set up the silent auction on Nov. 1

\_\_\_\_\_ Helping with the **BRUNCH** (November 1) – food preparation and set up,

\_\_\_\_\_ Help work on the **SEUDAH** fundraising dinner (March 14 – tentative date)

\_\_\_\_\_ food prep / cooking \_\_\_\_\_ flower preparation \_\_\_\_\_ set up \_\_\_\_\_ publicity \_\_\_\_\_ raffle  
\_\_\_\_\_ shopping \_\_\_\_\_ organizing teen helpers \_\_\_\_\_ being a “gofer” the week or two before the event.  
\_\_\_\_\_ clean up

\_\_\_\_\_ I can **pick up SANDWICHES**—made by students on Sundays—and deliver them to a downtown Berkeley homeless shelter early Monday morning on my way to work.

\_\_\_\_\_ I can make a weekly call to remind the above sandwich deliverers of their job.

\_\_\_\_\_ Helping out on **Sunday mornings**.

\_\_\_\_\_ Helping in the **OFFICE** during the week.

\_\_\_\_\_ Helping with the **FIRST DAY OF CLASS** (September 13)

\_\_\_\_\_ **STUFFING ENVELOPES** for big mailings

\_\_\_\_\_ Coming to **TALK TO A CLASS** (my field of interest is) \_\_\_\_\_

\_\_\_\_\_ **DIRECTING TRAFFIC** for 15 minutes at dismissal time

\_\_\_\_\_ Collecting and donating items for our **ADOPT A FAMILY** program, helping a needy family.

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Midrasha families have the opportunity to volunteer with **JCL- THE JEWISH COALITION FOR LITERACY**. JCL tutoring emphasizes reading aloud, comprehension and developing a mentoring relationship with the student. We serve as reading tutors on a one-to-one basis, an hour a week in the Berkeley schools. Tutoring occurs either during school hours or as a part of an after school program. Tutors can be adults, teenagers (16 and older) or even younger family members if accompanied by a parent.. There is a two and a half hour training session for all tutors. Being a tutor requires a commitment of a semester, although a year-long commitment is preferable. If you have more questions about this program, visit the JCL website at [www.jclread.org](http://www.jclread.org) contact Helene Tinkler, [helene@jfed.org](mailto:helene@jfed.org), 839-2900 ext. 272.

\_\_\_\_\_ Yes, I would like to be a reading tutor at either Washington, Emerson or Cragmont School in Berkeley, or at a school in Oakland or Richmond adopted by the Jewish Coalition for Literacy. These are the members of my family who would like to be involved (indicate if they are adults, teens or younger children):

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_ I can't take on a weekly commitment, but I would be able to organize a book drive ( for new or gently used books) to benefit children at these elementary schools