

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

We look forward to seeing you this fall!

Midrasha in Berkeley – Course Registration Form 2010-2011 / 5771

Remember: 8th grade and new student/parent orientation meeting, Thursday, September 2, 7:30 PM

Student Name _____ Grade _____

Please Rank 1st and 2nd Choice

8th and 9th Graders:

2nd Hour (please rank 1st and 2nd choices)

- _____ Beginning Conversational Hebrew - Maia Wolins
- _____ Advanced Conversational Hebrew - Aaron Levi
- _____ Art Meditation: Shiviti Mandala - Bunny Pearlman
- _____ Hunting Eichmann - Erica Crowell Altobelli
- _____ What Do You Think? You Be the Judge - Sacha Kopin
- _____ Singing Trees, Melting Mountains - Josh Weisman
- _____ The Shabbat Table - Anna Martin
- _____ Relationships - Beth Midanik-Blum

3rd Hour (please rank 1st and 2nd choices)

- _____ Talmud - Muni Schweig
- _____ Yoga: Shmirat HaGuf - Sacha Kopin
- _____ Jewish Genes / Jewish Jeans - Bunny Pearlman
- _____ The Midrasha Times: Make News - Maia Wolins
- _____ Pop-Jewy: Music to the Jewish Ear - Noemi Hollander
- _____ Experiment 2010 - Day Schildkret
- _____ Jewish in a Multicultural World - Beth Midanik-Blum

Additional Courses and Programs

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

Please Rank 1st and 2nd Choice

10th, 11th and 12th Graders:

1st Hour (please rank 1st and 2nd choices)

- _____ Visions, Dreams: Oil Painting - Bunny Pearlman
- _____ Abraham and Mysteries of God - Day Schildkret
- _____ Dinah: The Red Tent - Beth Midanik-Blum
- _____ Keshet Aleph (10th grade) - Aaron Levi
- _____ Keshet Bet (11-12th grade) - Josh Weisman

2nd Hour (please rank 1st and 2nd choices)

- _____ Beginning Conversational Hebrew - Maia Wolins
- _____ Advanced Conversational Hebrew - Aaron Levi
- _____ Art Meditation: Shiviti Mandala - Bunny Pearlman
- _____ Hunting Eichmann - Erica Crowell Altobelli
- _____ Experiment 2010 - Day Schildkret
- _____ Pop-Jewy: Music to the Jewish Ear - Noemi Hollander
- _____ *Abraham's Vision Unity Program - Oren Kroll-Zeldin

3rd Hour (please rank 1st and 2nd choices)

- _____ Talmud - Muni Schweig
- _____ Yoga: Shmirat HaGuf - Sacha Kopin
- _____ Jewish Genes / Jewish Jeans - Bunny Pearlman
- _____ Sunday Morning Death - Anna Martin
- _____ Keshet Aleph (10th grade)- Aaron Levi
- _____ Keshet Bet (11-12th grade)- Josh Weisman
- _____ *Abraham's Vision Unity Program - Oren Kroll-Zeldin
- _____ Beth El Confirmation - Rabbi Yoel Kahn

*Abraham's Vision Unity Program must be taken in both 2nd and 3rd 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/

Please complete important information on reverse side.

COURSE REGISTRATION CONTINUES

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

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.)

The Jewish Coalition for Literacy

Yes, I (either adult or teen) 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. If you have more questions about this program, visit the JCL website at www.jclread.org contact Helene Tinkler, helene@jfed.org, 839-2900 ext. 272.

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 1st Wednesday, 3rd Tuesday or 4th 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 over \$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/socialaction.html

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 could do this on the: _____ 1st Wed of the month _____ 3rd Tues of the month _____ 4th Thurs 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 am helping to defray the cost of this tzedakah project with my enclosed tax-exempt contribution of \$ _____

↵ **Please Complete COURSE CHOICES on Reverse Side** ↵



East Bay Jewish Community High School

Registration Form 2010-2011 / 5771

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

Student Information

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.***

Retreat dates for all grades: Fall: October 22-24, Winter: January 28-30, and Spring: March 18-20

Please mark the dates in your calendar today!

- | | |
|--|---|
| <input type="checkbox"/> 8th Grade (includes mandatory Winter and Spring retreats) | <input type="checkbox"/> 11th Grade (WITH Fall, Winter and Spring retreats) |
| <input type="checkbox"/> 9th Grade (includes mandatory Fall, Winter and Spring retreats) | <input type="checkbox"/> 11th Grade (NO retreats) |
| <input type="checkbox"/> 10th Grade (WITH Fall, Winter and Spring retreats) | <input type="checkbox"/> 12th Grade (WITH Fall, Winter and Spring retreats) |
| <input type="checkbox"/> 10th Grade (NO retreats) | <input type="checkbox"/> 12th Grade (NO retreats) |

8 th and 9 th Graders ONLY: List two roommate requests for retreats. 1. _____ 2. _____
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Parent/Guardian Information

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

Parent/Guardian I:

Name _____
Address _____
City _____ Zip _____
Synagogue Membership (if any) _____

Home _____
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

Student Name: _____

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?

- | | | |
|---|------------------------------|-----------------------------|
| Anaphylactic reaction | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Specific physical condition/illness such as epilepsy, asthma, allergies, diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Special learning or emotional needs such as autism, developmental delays, or ADD | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Special dietary needs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any significant life changes or disruptions about which we should be aware | <input type="checkbox"/> Yes | <input type="checkbox"/> 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, 2011.

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 Retreat Coordinator 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, and I will still be liable for retreat series fee.
- 3) At its discretion, the Midrasha Director or CJLL Retreat Coordinator 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 the Midrasha 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, but I will still be financially responsible for the retreat.
- 6) I grant permission for the use of still and moving photos of the above named minor in Midrasha and CJLL promotional materials, unless otherwise indicated in writing.

STUDENT UNDERSTANDING: MIDRASHA POLICIES & CODE OF CONDUCT

- 1) I will attend and participate fully in Midrasha 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 Retreat Handbooks; and those rules delineated by the directors, teachers, and staff(s) of Midrasha, and Midrasha retreats. 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 2010-2011

If you have any questions, please contact the Midrasha office at (510) 843-4667 or desmid@midrasha.org.
 Send payment, made payable to MIDRASHA, to: MIDRASHA, 1301 Oxford St., Berkeley, CA 94709.
 This form and initial check must be received by Sept. 1, 2010 to avoid a \$25 Late Fee.

STUDENT NAME(S): _____ GRADE(S) in Midrasha _____

There is a sliding scale for this year's tuition. The larger number reflects the true cost of providing all of the wonderful Midrasha programs for each student. But, we understand that some families cannot pay that higher amount and definitely do not want to exclude anyone. When we receive smaller amounts, students' tuition is subsidized by the generosity of families who donate to Midrasha, our member synagogues and the Jewish Federation. Please consider paying the maximum amount that your family can afford for this year's tuition so that we can meet everyone's needs.

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

Please read list carefully and **CIRCLE ALL THAT APPLY:**

- * Please circle *full amounts* and list *full total due* even if you will be requesting financial aid below.
- * Please fill in applicable amounts that have *blank spaces* such as donations and sliding scale tuition.

BASIC TUITION:

8 th Grade (includes 2 retreats: place yourself on a sliding scale \$1850-\$1480)	\$ _____
9 th Grade (includes 3 retreats: place yourself on a sliding scale \$2130-\$1760)	\$ _____
10 th -12 th Grade (with 3 retreats: place yourself on a sliding scale \$2130-\$1760)	\$ _____
10 th -12 th Grade (with NO retreats: place yourself on a sliding scale \$1150-\$780)	\$ _____
Midweek Tanach ONLY (no Sunday)(with NO retreats; place yourself on a sliding scale \$1150-\$780)	\$ _____
PLUS all grades unaffiliated fees: (ONLY for families NOT affiliated with one of our sponsoring synagogues)	\$335

ADD-ON OPTIONS:

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
Voluntary tzedakah: Scholarship Fund (student financial aid)	\$ _____
Homeless Meal Fund	\$ _____
Rebecca Feiler Memorial Director's Discretionary Fund	\$ _____
Sibling Deduction (only if you have more than one child currently in Midrasha)	\$ -30
Earlybird Deduction (one per family if your pre-reg form and non-refundable \$150 deposit were postmarked by June 1)...	\$ -25

SUBTOTAL (TOTAL ALL CIRCLED AND FILLED-IN AMOUNTS).....\$ _____

Spring 2010 tuition deposit (\$150 per student), if any.....	\$ -150
Late Fee (if your paperwork and initial check will be postmarked after September 1).....	\$ _____

TOTAL BALANCE DUE.....\$ _____

Once you register for a retreat package **you are financially committing to those fees** whether or not your child is ultimately able to attend. Please mark your calendars today!

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, 2011:** Due Aug 30 \$ _____ Due Sept 30 \$ _____ Due Oct 30 \$ _____
 Due Nov 30 \$ _____ Due Dec 30 \$ _____ Due Jan 30 \$ _____ Due Feb 28 \$ _____ Due Mar 30 \$ _____ Due Apr 30 \$ _____
 _____ in two equal payments, now and in **December 2010**

I need financial aid. Please send me a financial aid application. *Completed financial aid applications are due August 24, 2010.*
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.** _____ **CK. DATE** _____ **DATE RECD.** _____
FOLLOW UP CALL MADE DATE _____ **FINANCIAL AID APP. SENT DATE** _____

MIDRASHA NEEDS YOUR HELP

Name of Parent(s) _____

Name of Student(s) _____

_____ Helping with the **BRUNCH** (November 7) – food preparation and set up

_____ Help work on the **SEUDAH** fundraising dinner (tentatively scheduled March 13)

_____ food prep / cooking _____ flower preparation _____ set up _____ publicity _____ raffle
_____ shopping _____ organizing teen helpers _____ being a “gofer” before the event _____ clean up

_____ **SILENT AUCTION** (This will be part of the Seudah this year March 13)

_____ 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? Can people spend a day with you at your job? Can you cook a gourmet dinner for people?

_____ I can help organize and set up the Silent Auction

_____ **LIVE AUCTION** (This will be part of the Seudah this year)

_____ I can either contribute or help solicit the following **major gift** for a live auction

_____ Vacation home
_____ Cook a gourmet dinner for 4-8 people
_____ Airline tickets to:

OR _____

_____ I could be the auctioneer at a live auction on March 13

_____ 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 12)

_____ **STUFFING ENVELOPES** for big mailings

_____ Making **PHONE CALLS** (for recruitment, reminding people of events, etc.)

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

_____ Collecting and donating items for our **ADOPT A FAMILY** program, helping a needy family at Chanukah. (Perfect job for a teen)

_____ I've got **I.T. SKILLS**. Call me when you have problems with your computer.

_____ I've got **GRAPHIC DESIGN SKILLS** and could make your fliers look more beautiful.

_____ I'd like to join the **FUNDRAISING COMMITTEE**. (Oversee fundraising events and other efforts.)

_____ I have a **USED CAR** to donate to Midrasha. I'm looking forward to getting a tax deduction.

My occupation is _____ I work at _____