

TORAH SCHOOL OF GREATER WASHINGTON



We welcome you to our 26th exciting year!

**ACADEMIC
EXCELLENCE
SINCE 1994**

ADMINISTRATION

Rabbi Yitzchak Charner
Headmaster

Julie Malka
Secular Studies Principal

Rabbi Shmuel Lichtenstein
Assistant Principal

Zev Teichman
Executive Director

Rabbi Yossie Charner
Director of Development

BOARD OF DIRECTORS

Raanan Shames
President

Rabbi Scott Hillman
Vice President

Abe Zwany
Treasurer

Jodi Mailman
Secretary

DIRECTORS

Joan Dasher

Menachem Gottlieb

Barry Graham

Dr. Jared Hershenson

Rabbi Eliyahu Reingold

Max Sicherman

We thank you for the trust you are placing in us by registering your child(ren) at the Torah School. We remain committed to working together with you to provide the exemplary *chinuch* for which the Torah School is known. Attached you should find:

1. A letter from Raanan Shames, President of the Board of Directors
2. Registration and Tuition Worksheet
3. Financial Agreement and Terms and Conditions
4. Confidential Form for new students only
5. Immunization Record Form for new students

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

1. Please fill out the online application at <https://tsqw.parentlocker.com/registration19-20-form/>.
2. Please return the Registration and Tuition Worksheet and Financial Agreement to the school along with full payment of all registration fees, as calculated on the Registration and Tuition Worksheet. The most recent immunization record for any new student must be included with the registration fee and Financial Agreement.

Should you have any questions about the registration process, please contact the school's executive director, Mr. Zev Teichman, at 301-962-8003x2311 or by email at zteichman@tsgw.org.

Admission and Financial Policy

The Torah School of Greater Washington is a Torah Umesorah affiliate founded to serve families from all segments of the Greater Washington community. We welcome students without regard to the affiliation, background, or degree of religious practice in the home, and we are open to students, faculty, and administrative staff of any race, color, and national or ethnic origin.

Admission to our school is open to all children of the Jewish faith, as defined by the *Halachah*. Kindergarten applicants must be 5 years old by September 1, 2019, and First Grade applicants must be 6 years old by September 1, 2019. Continued attendance in the Torah School is dependent upon the maintenance of satisfactory academic and behavioral standards. Please note that no registration will be accepted nor will a place be held for a child if the parents are not current with tuition payments for the current school year. Additionally, all financial arrangements for 2019-2020 must be completed before a student may begin the new school year. Limited tuition assistance may be available to families with demonstrated need without regard to race, color, and national or ethnic origin. For more information regarding tuition assistance, please see *Financial Agreement and Terms and Conditions* attached with this letter.

Please mail your completed Registration and Tuition Worksheet and Financial Agreement along with the registration fees to:

Mr. Zev Teichman – Executive Director
Torah School of Greater Washington



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February 15, 2019

Dear Parents:

On behalf of the Board of Directors of the Torah School, we are delighted to welcome all of our new parents and their children to the Torah School family, together with our many returning families!

As always, we are very grateful for the privilege of educating your children. Our top priority is to ensure they receive the best educational program tailored to their individual needs and aspirations. In achieving this goal, we continue to strengthen the school's program and ensure its viability.

On February 5th, 2019, our Board of Directors approved the school's budget for the 2019-2020 academic year. Recognizing the financial impact of tuition on our families, we scrubbed our budget thoroughly to keep tuition costs as low as possible and reactivated fees for resource room instruction (which have always been on our fee schedule).

If you have any questions about the registration process, please do not hesitate to contact our Executive Director, Mr. Zev Teichman, at 301-962-8003 X2311. Thank you again for placing your trust in the Torah School!

Sincerely yours,

Raanan Shames
President, Board of Directors

Registration and Tuition Worksheet 2019-2020 School Year

Family Name _____

Child 1 Name, Grade _____
Child 2 Name, Grade _____
Child 3 Name, Grade _____
Child 4 Name, Grade _____

Registration Fee Schedule

The registration fee is \$500 per child (\$325 if paid by March 14, 2019). **This fee is non-refundable.**

Service	Cost/Child	Qty.	Total
Early Registration Fee	\$325		
Standard Registration Fee	\$500		
Total	-----	-----	

Tuition Schedule

Service	Cost/Child	Qty.	Total
Tuition for All Grades	\$16,025		
Supply Fee	\$75		
Activity Fee*	\$180		
Sibling Discount (Full Tuition Only)**	-\$200	**	
Sub Total	-----	-----	
Security Fund (Tax-Deductible) In response to recent global events, the TSGW has increased security by extending the hours during which our facility is guarded. We have established a Security Fund in order to help defray the costs of providing security for our children. Families may make their tax-deductible contributions to this fund by enclosing a check indicating it is for the Security Fund or pay in installments via FACTS, as provided on the enclosed form. The suggested contribution is \$100 per family.	\$100	-----	
Two Banquet Tickets (Optional) We request that all families, whether paying full tuition or applying for tuition assistance, consider adding an extra \$40/month for two seats at the annual banquet. Banquet support is crucial to our school's success.	\$400	-----	
Final Total	-----	-----	

* Reduced from \$275 based on funding from Maryland Non-Public School Student Textbook Program.

** The sibling discount **for full tuition families only** is calculated as follows:
(total number of children) - (1) x (\$200) = Sibling Discount

Special Educational Services:

- \$125/month for daily (4 times per week) sessions, prorated amount for fewer sessions
- \$60 for referral packet to county

After-School Day Care: \$10.00 per child per hour

Choir: (for those who participate) \$100 for the school year

(For accounting purposes, please note the total cost per pupil – including early registration, supply, and activity fees – is \$16,605 for all grades.)

< Please complete both sides. >

Financial Agreement and Terms and Conditions

2019-2020 School Year

In consideration of your application, the Torah School of Greater Washington holds a space, engages faculty, and commits to certain expenditures. The enrollment of your child(ren) at the school, therefore, constitutes a contractual agreement between you and the school. Please note that:

- 1) *Submission of registration materials and/or signatures on this document constitutes an agreement that all financial obligations to the school, as delineated in the Tuition Worksheet, will be met.*
- 2) *Release of report cards, transcripts, and school records is conditional upon the payment of all accounts.*
- 3) *Students may not remain in school without a payment policy that has been approved by the School.*
- 4) *All families must be enrolled in the FACTS Management automatic tuition collection program; no exceptions may be made to this rule.*

Please select your payment option:

FACTS REENROLLMENT – Pursuant with the FACTS Management agreement, the Torah School will reenroll your family and set up 10 monthly deductions through FACTS. Please note, the first debit on all FACTS contracts will occur in August, 2019. This option may only be selected if all of the following criteria are met:

1. You currently have an active FACTS contract with the Torah School.
2. You currently are having FACTS draw funds from a bank account (not from a credit card).
3. You want to pay your 2019-2020 tuition in 10 monthly payments.

If any of the above criteria are not met, please choose the option below.

NEW FACTS CONTRACT – I will pay the full amount of tuition and fees through the FACTS system in one, two, or 10 payments. I understand that I will receive an invoice from FACTS with online enrollment instructions during the summer, and, at that time, can choose a payment schedule and a bank account or credit card from which tuition payments will be drawn. (FACTS will assess an extra additional “convenience fee” to those families opting to pay by credit card.) Please note that the payment schedules from which you can choose are as follows:

- Option 1: Tuition will be paid in one payment in August, 2019.
Option 2: Tuition will be paid in two equal payments in August, 2019 and January, 2020.
Option 3: Tuition will be paid in 10 equal payments, August, 2019 through May, 2020.

SCRIP: ALL FAMILIES ARE REQUIRED TO PURCHASE \$4,000 WORTH OF SCRIP DURING THE SCHOOL YEAR. SHORTAGES WILL BE SUBJECT TO A PRO-RATED 5% SURCHARGE (\$200 MAXIMUM/FAMILY) TO BE ASSESSED IN JULY, 2020.

PLEASE CHOOSE FROM THE FOLLOWING OPTIONS:

I PLAN TO PURCHASE \$4,000 IN SCRIP THIS YEAR _____

PLEASE ASSESS THE \$200 SURCHARGE IN AUGUST, 2019 _____ OR IN JULY, 2020 _____, TO BE TAKEN FROM MY FACTS ACCOUNT.

Tuition Assistance

Tuition assistance is available to families with demonstrated need.

The deadline for applying for tuition assistance is May 31, 2019.

Any submission received after May 31, 2019 will be subject to a \$100 penalty in the tuition assistance award.

Tuition assistance applications are to be filled out **online only** at www.factstuitionaid.com.

I/We hereby agree to the terms and conditions detailed above:

Responsible Party's Printed Name

Signature

Date

Accepted by the Torah School of Greater Washington

Date

< Please complete both sides. >

MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE

CHILD'S NAME _____
 LAST FIRST MI
 SEX: MALE FEMALE BIRTHDATE _____/_____/_____
 COUNTY _____ SCHOOL _____ GRADE _____
 PARENT NAME _____ PHONE NO. _____
 OR
 GUARDIAN ADDRESS _____ CITY _____ ZIP _____

RECORD OF IMMUNIZATIONS (See Notes On Other Side)

Vaccines Type													
Dose #	DTP-DTaP-DT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Dose #	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	History of Varicella Disease Mo/Yr
1									1				
2									2				
3										Td Mo/Day/Yr	Tdap Mo/Day/Yr	MenB Mo/Day/Yr	Other Mo/Day/Yr
4										_____	_____	_____	_____
5										_____	_____	_____	_____

To the best of my knowledge, the vaccines listed above were administered as indicated.

Clinic / Office Name
Office Address/ Phone Number

1. _____
 Signature Title Date
 (Medical provider, local health department official, school official, or child care provider only)

2. _____
 Signature Title Date

3. _____
 Signature Title Date

Lines 2 and 3 are for certification of vaccines given after the initial signature.

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

MEDICAL CONTRAINDICATION:

Please check the appropriate box to describe the medical contraindication.

This is a: Permanent condition OR Temporary condition until _____/_____/_____
 Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication, _____

Signed: _____ Date _____
 Medical Provider / LHD Official

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: _____ Date: _____

How To Use This Form

The medical provider that gave the vaccinations may record the dates (using month/day/year) directly on this form (check marks are not acceptable) and certify them by signing the signature section. Combination vaccines should be listed individually, by each component of the vaccine. A different medical provider, local health department official, school official, or child care provider may transcribe onto this form and certify vaccination dates from any other record which has the authentication of a medical provider, health department, school, or child care service.

Only a medical provider, local health department official, school official, or child care provider may sign ‘Record of Immunization’ section of this form. This form may not be altered, changed, or modified in any way.

Notes:

1. When immunization records have been lost or destroyed, vaccination dates may be reconstructed for all vaccines except **varicella, measles, mumps, or rubella.**
2. Reconstructed dates for all vaccines must be reviewed and approved by a medical provider or local health department no later than 20 calendar days following the date the student was temporarily admitted or retained.
3. Blood test results are NOT acceptable evidence of immunity against diphtheria, tetanus, or pertussis (DTP/DTaP/Tdap/DT/Td).
4. Blood test verification of immunity is acceptable in lieu of polio, measles, mumps, rubella, hepatitis B, or varicella vaccination dates, but **revaccination may be more expedient.**
5. History of disease is NOT acceptable in lieu of any of the required immunizations, except varicella.

Immunization Requirements

The following excerpt from the MDH Code of Maryland Regulations (COMAR) 10.06.04.03 applies to schools:

“A preschool or school principal or other person in charge of a preschool or school, public or private, may not knowingly admit a student to or retain a student in a:

- (1) Preschool program unless the student's parent or guardian has furnished evidence of age appropriate immunity against Haemophilus influenzae, type b, and pneumococcal disease;
- (2) Preschool program or kindergarten through the second grade of school unless the student's parent or guardian has furnished evidence of age-appropriate immunity against pertussis; and
- (3) Preschool program or kindergarten through the 12th grade unless the student's parent or guardian has furnished evidence of age-appropriate immunity against: (a) Tetanus; (b) Diphtheria; (c) Poliomyelitis; (d) Measles (rubeola); (e) Mumps; (f) Rubella; (g) Hepatitis B; (h) Varicella; (i) Meningitis; and (j) Tetanus-diphtheria-acellular pertussis acquired through a Tetanus-diphtheria-acellular pertussis (Tdap) vaccine.”

Please refer to the “**Minimum Vaccine Requirements for Children Enrolled in Pre-school Programs and in Schools**” to determine age-appropriate immunity for preschool through grade 12 enrollees. The minimum vaccine requirements and MDH COMAR 10.06.04.03 are available at www.health.maryland.gov. (Choose Immunization in the A-Z Index)

Age-appropriate immunization requirements for licensed childcare centers and family day care homes are based on the Department of Human Resources COMAR 13A.15.03.02 and COMAR 13A.16.03.04 G & H and the “**Age-Appropriate Immunizations Requirements for Children Enrolled in Child Care Programs**” guideline chart are available at www.health.maryland.gov. (Choose Immunization in the A-Z Index)