



TORAH SCHOOL OF GREATER WASHINGTON

We welcome you to our 28th exciting year!

ACADEMIC EXCELLENCE SINCE 1994

ADMINISTRATION

Rabbi Yitzchak Charner
Headmaster

Julie Malka
Secular Studies Principal

**Rabbi Shmuel
Lichtenstein**
Judaic Studies Principal

Zev Teichman
Executive Director

Rabbi Yossie Charner
Director of Development

BOARD OF DIRECTORS

Raanan Shames
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Vice President

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Jodi Mailman
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DIRECTORS

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Caroline Friedman

Menachem Gottlieb

Barry Graham

Rabbi Eliyahu Reingold

Max Sicherman

2010 Linden Lane
Silver Spring, MD 20910

PH: 301-962-8003
FAX: 301-962-9755

www.tsqw.org

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 Worksheet
3. Financial Agreement and Terms and Conditions
4. Confidential Form for new students only
5. Immunization Record Form and Health Assessment Form for new students

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

1. Please fill out the online application at <https://tsqw.parentlocker.com/registration21-22-form/>.
2. Please return the Registration Worksheet and Financial Agreement to the school along with full payment of all registration fees, as calculated on the Registration Worksheet.
3. The most recent immunization record and health assessment for a 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@tsqw.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, 2021, and First Grade applicants must be 6 years old by September 1, 2021. 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 2021-2022 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 send your completed Registration Worksheet and Financial Agreement along with the registration fees to:

Mr. Zev Teichman – Executive Director
Torah School of Greater Washington
2010 Linden Lane
Silver Spring, MD 20910



TORAH SCHOOL OF GREATER WASHINGTON

February 22, 2021

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Dear Parents:

On behalf of the Board of Directors of the Torah School, I am very 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 light of the uncertainties in today's COVID environment, we are still developing our budget for the upcoming 2021-2022 school year. You can help us in this regard by submitting the registration form, as soon as possible. This will enable us to project more accurately our student population for next year, together with our teaching staff requirements.

We anticipate completing the budget process shortly after Pesach and will inform you of the tuition fees at that time.

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, TSGW Board of Directors

Registration Worksheet

2021-2022 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 18, 2021). This fee is non-refundable.

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

< Please complete both sides. >

Financial Agreement and Terms and Conditions

2021-2022 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 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, 2021. 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 2021-2022 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, 2021.
Option 2: Tuition will be paid in two equal payments in August, 2021 and January, 2022.
Option 3: Tuition will be paid in 10 equal payments, August, 2021 through May, 2022.

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, 2022.

PLEASE CHOOSE FROM THE FOLLOWING SCRIP OPTIONS:

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

PLEASE ASSESS THE \$200 SURCHARGE IN JULY, 2022, TO BE TAKEN FROM MY FACTS ACCOUNT _____

Tuition Assistance

Tuition Assistance (TA) is available to families with demonstrated need.

The deadline for applying for TA is May 27, 2021.

Any TA submission received after May 27, 2021 will be subject to a \$100 penalty in the TA award.

Tuition Assistance information can be found at

<https://www.tsgw.org/wp-content/uploads/2021/02/Tuition-Assistance.pdf>

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. >

CONFIDENTIAL FORM (For New Students Only)

Family Name (please print)

The information on this page will be kept confidential and will be reviewed only by the Headmaster of the school. **Please enclose it in an envelope marked Headmaster.**

- | | <u>Father</u> | | <u>Mother</u> | |
|---------------------------------------------------------------------------------------------------------------|---------------|-----------|---------------|-----------|
| | <u>Yes</u> | <u>No</u> | <u>Yes</u> | <u>No</u> |
| 1. Were you born of a Jewish mother? | | | | |
| 2. Were you converted to Judaism?
If yes, please supply the details and a copy of the conversion document. | | | | |

3. Please indicate the marital status of the child's parents:

Father _____

Mother _____

4. Is your child adopted? _____ Yes _____ No

If yes, did he/she undergo a conversion to Judaism? _____ Yes _____ No

If yes, please supply the details and a copy of the conversion document.

Name of Child (please print): _____
First name Last name

Signed: _____
Father Date

Mother Date

Phone Number: _____

TORAH SCHOOL OF GREATER WASHINGTON IMMUNIZATION CERTIFICATE

CHILD'S NAME _____
 LAST FIRST MI
 SEX: MALE FEMALE BIRTHDATE _____/_____/_____

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 SECTION BELOW IF YOU ARE APPLYING FOR A MEDICAL EXEMPTION TO ALL OR SOME VACCINATIONS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

PLEASE NOTE: MEDICAL EXEMPTION REQUESTS MUST BE REVIEWED BY THE SCHOOL BEFORE ACCEPTANCE.
 TORAH SCHOOL DOES NOT ACCEPT RELIGIOUS EXEMPTIONS TO VACCINATION.

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 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

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) OR measles, mumps, and rubella (MMR).
4. Blood test verification of immunity is acceptable in lieu of polio, 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)

PART I - HEALTH ASSESSMENT

To be completed by parent or guardian

Student's Name (Last, First, Middle)	Birthdate (Mo. Day Yr.)	Sex (M/F)	Name of School	Grade
Address (Number, Street, City, State, Zip)			Phone No.	
Parent/Guardian Names				
Where do you usually take your child for routine medical care?			Phone No.	
Name:		Address:		
When was the last time your child had a physical exam? Month _____ Year _____				
Where do you usually take your child for dental care?			Phone No.	
Name:		Address:		
ASSESSMENT OF STUDENT HEALTH To the best of your knowledge has your child any problem with the following? Please check				
	Yes	No	Comments	
Allergies (Food, Insects, Drugs, Latex)				
Allergies (Seasonal)				
Asthma or Breathing Problems				
Behavior or Emotional Problems				
Birth Defects				
Bleeding Problems				
Cerebral Palsy				
Dental				
Diabetes				
Ear Problems or Deafness				
Eye or Vision Problems				
Head Injury				
Heart Problems				
Hospitalization (When, Where)				
Lead Poisoning/Exposure				
Learning problems/disabilities				
Limits on Physical Activity				
Meningitis				
Prematurity				
Problem with Bladder				
Problem with Bowels				
Problem with Coughing				
Seizures				
Serious Allergic Reactions				
Sickle Cell Disease				
Speech Problems				
Surgery				
Other				
Does your child take any medication? No Yes Name(s) of Medications: _____				
Is your child on any special treatments? (nebulizer, epi-pen, etc.) No Yes Treatment _____				
Does your child require any special procedures? (catheterization, etc.) No Yes				
Parent/Guardian Signature _____			Date: _____	

PART II - SCHOOL HEALTH ASSESSMENT
To be completed **ONLY** by Physician/Nurse Practitioner

Student's Name (Last, First, Middle)	Birthdate (Mo. Day Yr.)	Sex (M/F)	Name of School	Grade
--------------------------------------	-------------------------	-----------	----------------	-------

1. Does the child have a diagnosed medical condition?
No Yes _____

2. Does the child have a health condition which may require EMERGENCY ACTION while he/she is at school? (e.g., seizure, insect sting allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE. Additionally, please "work with your school nurse to develop an emergency plan".
No Yes _____

3. Are there any abnormal findings on evaluation for concern?

Evaluation Findings/CONCERNS

Physical Exam	WNL	ABNL	Area of Concern	Health Area of Concern	YES	NO
Head				Attention Deficit/Hyperactivity		
Eyes				Behavior/Adjustment		
ENT				Development		
Dental				Hearing		
Respiratory				Immunodeficiency		
Cardiac				Lead Exposure/Elevated Lead		
GI				Learning Disabilities/Problems		
GU				Mobility		
Musculoskeletal/orthopedic				Nutrition		
Neurological				Physical Illness/Impairment		
Skin				Psychosocial		
Endocrine				Speech/Language		
Psychosocial				Vision		
				Other		

REMARKS: (Please explain any abnormal findings.)

4. **RECORD OF IMMUNIZATIONS** – DHMH 896 is required to be completed by a health care provider or a computer generated immunization record must be provided.

5. Is the child on medication? If yes, indicate medication and diagnosis.
No Yes ~ _____
(A medication administration form must be completed for medication administration in school).

6. Should there be any restriction of physical activity in school? If yes, specify nature and duration of restriction.
No Yes _____

7. Screenings	Results	Date Taken
Tuberculin Test		
Blood Pressure		
Height		
Weight		
BMI %tile		
Lead Test	Optional	

PART II - SCHOOL HEALTH ASSESSMENT - continued

To be completed **ONLY** by Physician/Nurse Practitioner

(Child's Name) _____ has had a complete physical examination and has

9 no evident problem that may affect learning or full school participation problems noted above

Additional Comments:

Physician/Nurse Practitioner (Type or Print)

Phone No.

Physician/Nurse Practitioner Signature

Date