



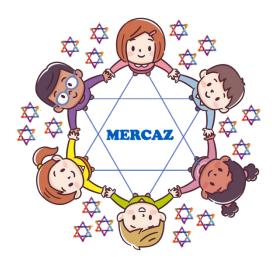
Mercaz Religious School Mosaic Law Youth Groups

Registration Packet

2024-2025

Rabbi Ricki Lobel, Director of Education & Youth 916-488-1122 ext. 117; rabbilobel@mosaiclaw.org

Mosaic Law Congregation | 2300 Sierra Boulevard | Sacramento, CA 95825 www.mosaiclaw.org





Check List

Please return the following items to the Department of Education and Youth

- □ 2024-2025 Registration Form
- □ Tuition & Payment Form
- □ Code of Conduct Acknowledgement Form
- Volunteer Participation Form
- □ Student Name/Photo Release Form
- □ Driver's Insurance Verification Form
- □ Emergency Form (one per child)



Cantor

George Wald Cantor Emeritus

FROM THE DIRECTOR OF EDUCATION AND YOUTH

Rabbi Emertius

Shalom!

Rahhi

Our Education and Youth Department continues to evolve and grow. We understand that many families cannot commit to extra time for Youth Group Events, but still want their children to enjoy and benefit from those special days. For the past two years we have tried to meet that need by scheduling four special Youth Programming Sundays during our Mercaz sessions, which required no extra time commitment for our students or our parents. All of these programs were very well-received. To continue to provide this wonderful addition to our Mercaz sessions, we are rolling Youth Group membership into Mercaz enrollment, allowing for all of our children to automatically have Youth Group membership and continue to enjoy programs that complement their Mercaz experience.

This will in no way take anything from their learning at Mercaz. We will continue to have our Tefillah / Prayer Services to start every session. Teachers will provide classroom instruction in the Aleph-Bet through Hebrew reading skills and vocabulary, the holidays, Torah stories and values, Israel, and Jewish identity. Rather it will enhance formal learning with information educational and fun opportunities to strengthen feelings of identification with and belonging to our Mercaz family, our synagogue and local community, and the people Israel.

Other programs on Saturday mornings (Tot Shabbat and Minyan Katan) and on holidays, as well as Friday night Shabbat Mishpacha and dinners, and Saturday night Havdallah Mishpacha, are also wonderful ways to stay connected and to share special time together with peers and other families, and to increase levels of comfort with all that Mosaic Law Congregation and Mercaz have to offer.

As always, our programming is greatly enhanced by your involvement. Please share your talents or get more involved through our Education Committee. Your participation would be most welcome and appreciated by the students and the staff. Just contact me at <u>rabbilobel@mosaiclaw.org</u>, or 916-488-1122 ext 117, and we will work together to make it happen. I look forward to your involvement.

Here's to a great year of Education and Youth programming!

L'Shalom, *Rabbí Ríckí Lobel* Director of Education and Youth

2024-2025 Mercaz and Youth Group Registration Form

Please complete all fields. Any incomplete forms will be returned. Please print legibly.

Parent/Guardian Name		Parent/Guardian Name	
Address		Address (if different)	
City/State/Zip		City/State/Zip (if different)	1
Home Phone		Home Phone (if different)	
Cell Phone		Cell Phone	
Work Phone		Work Phone	
Email		Email	
Student #1 Full Name		Student #2 Full Name	
Entering Grade	Current School	Entering Grade	Current School
Hebrew Name		Hebrew Name	
Gender	Cell Phone	Gender	Cell Phone
Birthdate	Age as of 9/1/24	Birthdate	Age as of 9/1/24
Student #3 Full Name		Student #4 Full Name	
Entering Grade	Current School	Entering Grade	Current School
Hebrew Name		Hebrew Name	
Gender	Cell Phone	Gender	Cell Phone
Birthdate	Age as of 9/1/24	Birthdate	Age as of 9/1//24

2024-2025 Mercaz and Youth Group Tuition & Payment Form

Grade & Days	Tuition and Fees per Student
Kindergarten, 1 st and 2 nd Grades Sunday only, 9:00 am-12:00 pm	\$630 Member \$890 Non-Member
3 rd , 4 th , 5 th , 6 th Grades Sunday 9:00am-12:00pm Wednesday 4:30pm – 6:30pm	\$985 Member
6 th Grade Shalom School (only) Sunday 9:00 am-12:00 pm Wednesday 4:30 pm-6:30 pm	\$675 Member
7th Grade Wednesday only, 4:30 pm-6:30 pm	\$630 Member

Grade	Child 1	Child 2	Child 3	Child 4	Subtotal
Kindergarten, 1 st , and 2 nd Grades	\$	\$	\$	\$	\$
3 rd , 4 th , 5 th & 6 th Grades	\$	\$	\$	\$	\$
6 th Shalom School	\$	\$	\$	\$	\$
7 th Grade	\$	\$	\$	\$	\$
Total					\$

Please submit payment with this registration packet.

Tuition may be paid online with a credit card at https://secure.acceptiva.com/?cst=2Kvgim

Or pay by check payable to Mosaic Law Congregation (please note "Mercaz" in the memo line)

As members of a Jewish tradition that sees each person as created in the Divine Image, we respond with anguish and outrage when a member of our community is treated with disrespect. We hereby commit to ending bullying or harassment of any kind in our synagogue and its school. By establishing this zero-tolerance policy, we hope to ensure that every person in our community is treated with dignity and respect.

Mosaic Law Congregation's Education and Youth Department believes that all students have a right to a safe and healthy environment. Our congregation has an obligation to promote mutual respect and acceptance of all students and youth.

We will not tolerate behavior that infringes on the safety of any student. No student may intimidate or harass another student through words or actions. Such behavior includes: direct physical contact such as hitting or shoving; verbal assaults such as teasing or name-calling; and, social isolation.

We expect our students and/or faculty/staff to immediately report incidents of bullying to Mosaic Law Congregation's Director of Education and Youth or his/her designee. Faculty/staff are expected to <u>immediately</u> intervene when they see a bullying incident occur. Each complaint of bullying should be promptly investigated. This policy applies to students on the Mosaic Law campus and during school activities taking place off campus.

To prevent bullying, Mosaic Law Congregation will provide staff development training in bullying prevention and cultivate acceptance and understanding in all students and staff to help allow the congregation to maintain a safe and healthy environment for all students/youth.

Teachers will discuss this policy with their students in age-appropriate ways and should assure them that they need not endure any form of bullying. Students who bully are in violation of this policy and are subject to disciplinary action up to and including suspension and/or expulsion.

This Code of Conduct Form is to be reviewed and discussed between parents and children. Parents are required to check a box on those registration forms signifying that they have discussed this policy with their children.

The student Code of Conduct includes, but is not limited to:

- Any student who engages in bullying may be subject to disciplinary action up to and including suspension and/or expulsion.
- Students are expected to immediately report incidents of bullying to the Director of Education and Youth, teacher/staff member and/or Clergy.
- Students can rely on staff to promptly investigate each complaint of bullying in a thorough and confidential manner.

The procedures for intervening in bullying behavior include, but are not limited to the following:

- All staff, students and their parents will receive a copy of this policy prohibiting bullying at the beginning of the school year as part of the Parent Packet.
- The school will make reasonable efforts to keep a report of bullying and the results of investigations confidential.
- Faculty/staff are expected to immediately intervene when they see a bullying incident occur.
- People witnessing or experiencing bullying are encouraged to report the incident; such reporting will not reflect on the victim or witnesses in any way.

Education & Youth Department CODE OF CONDUCT REGARDING BULLYING **Acknowledgement Form**

I give my child(ren) permission to attend all Mercaz and Youth Group activities. I understand Mosaic Law Congregation arranges for the safety and supervision of my child(ren). I agree to hold harmless and indemnify Mosaic Law Congregation from any and all claims or causes of action arising out of my child(ren)'s participation in Mercaz and Youth Group activities. I further understand that my child(ren) must comply with the Code of Conduct or be subject to disciplinary action to be determined by Mosaic Law Congregation Director of Education and Youth and/or a Mercaz staff.

Please check that you have read, understood and accepted all parts of this form.

I have received a copy of the Mercaz Religious School and Youth Group Code of Conduct Regarding Bullying and have discussed it with my child(ren).

Printed Name

Parent/Legal Guardian

Synagogue Membership

Mosaic Law Congregation's Education Program is open to the entire community!

Is your family a Full Member of any synagogue in the greater Sacramento area?

____ No ____ Yes If yes, which Synagogue?

Is your family an Associate member of any synagogue in the greater Sacramento area?

If yes, which Synagogue? No Yes

If you are not a member of any synagogue in the greater Sacramento area, would you like information regarding membership?

No Yes

(If yes, you will be contacted by a member of our Membership Committee.)

Note: Families of students in Grades 3-7 must be members of Mosaic Law Congregation. Please contact our Membership Committee to join.

Mosaic Law Congregation 2024-2025 Mercaz Religious School and Youth Group Volunteer Participation Form

Mercaz and our Youth Groups cannot be successful without **you**! As you know, we rely on volunteers to provide much of the support for our school. Please take a few minutes to review the options below and sign up for the activities that interest you.

Parent/Legal Guardian or Grandparent (Circle one)

Parent/Legal Guardian or Grandparent (Circle one)

Of

Student(s) Name(s)

Phone Number:_____

Volunteer Opportunities	Yes, I will help
Education Committee (meeting schedule TBD)	
Opening Event (9/8/24)	
Hanukkah Program (12/22/24)	
Mercaz Shabbat (5/3/25)	
Purim Carnival (3/9/25)	
Purim Mishloach Manot Baskets (2/9-3/5/25):	
1. Shopping	
2. Record Keeping	
3. Creating baskets	
4. Delivering baskets	
Passover Program (4/16/25)	
Year-End Event (5/18/25)	
Tot Shabbat (ongoing opportunities)	
Minyan Katan (ongoing opportunities)	
Special Holiday Services (throughout the year)	
Other (classroom aide, donating materials, clerical assistance, etc.)	

Please check <u>one</u> box, sign and date this form, and return it with the registration materials. This form must be on file for each student or family and is valid as long as your children attend Mercaz Religious School and Youth Groups.

Student #1	_Student #2
Student #3	Student #4

Yes, I give permission for my child(ren)'s first and last name to be released and for my child(ren) to be photographed or videotaped while in school or during school- and youth group-related activities outside the classroom.

By checking "yes" and signing this consent form, I give permission for my child(ren)'s first and last names and/or photograph to be used in publications, presentations, videos, or Web pages, or news releases produced by Mosaic Law Congregation's Religious School and Youth Groups. My child(ren)'s first and last names and/or photograph may be included in news releases distributed to newspapers and other news media.

OR

Yes, I give permission for my child(ren)'s to be photographed or videotaped while in school or during school-related activities outside the classroom for internal use only, not for public distribution as listed above.

NOTE: No payment will be made to a child photographed under terms of this release or to his/her family if and when the photographs are used in district publications, presentations, video productions, or Web sites. Parents/Legal Guardians waive the right to preview or approve the finished photographs or video

OR

No, I do NOT want my child(ren)'s first and last names released <u>nor</u> my child(ren) to be photographed or videotaped while in school or during school-related activities outside the classroom.

Checking "no" and signing this form means that my child(ren)'s first and last names and/or photograph may NOT appear in any Mosaic Law Congregation's Religious School publication, synagogue bulletin board, presentation, video, website, or news release produced by Mosaic Law Congregation's Religious School.

IN ADDITION

I do / do not give permission to receive texts (if yes, my preferred phone number is

I do / do not give permission to be invited to be a part of social media alerts, reminders, and information (if yes, my preferred email contact is

Mosaic Law Congregation Mercaz Religious School & Youth Group Driver's Insurance Verification Form

Thank you for your decision to volunteer your time as a driver to support our student activities. *MLC requires all drivers to carry a minimum of \$100,000 liability insurance.* Please provide proof of liability coverage as well as your driver's license and auto registration when completing this form. We must have copies of all relevant paperwork delivered to the office one week before you are permitted to drive children.

Use of your automobile will expose your automobile insurance in the event of a mishap.

l,	agree to the use of r					
	Please print					
personal a	utomobile, registered	to				
	Please print					
(Year)	(Make)	(Model)	(License #)			
•		RELIGIOUS SCHOOL	AND YOUTH GROUPS to nool Year.			
My Insurand	ce Carrier is:					
Policy #:		Expiration Date: _				
Driver's Lice	ense #:	Ex	piration Date:			
Parent/Lega	al Guardian Signature		Date			

This completed form and related paperwork must be on file with the Director of Education & Youth prior to all Student Activities / Events.

Mercaz Religious School and Youth Group Emergency Form 2024-2025

Student's Last Name S		Stude	Student's First Name			M.I.
	Cell Phone	Stude	dent's Birthdate Gender			
Student's Street Addres	Student's Street Address		City/State/Zip			
Mailing address (if differ	rent)		City/State/Zip			
Parent/Legal Guardian ((Last, First)		Parent/Legal Guardia	in (Last, First)		
Home Phone (if differen	t from Student's)		Home Phone (if differ	ent from Student's))	
Cell Phone			Cell Phone			
Work Phone			Work Phone			
Email			Email			
1. If Parent/Legal Guard	dian cannot be reached, name of pe	erson to l	be contacted in case of	emergency:		
Home Phone	Cell Phone			Work Phone		
Relationship to Student						
2. If Parent/Legal Guard	dian cannot be reached, name of pe	erson to	be contacted in case of	emergency:		
Home Phone	Cell Phone			Work Phone		
Relationship to Student						
3. If Parent/Legal Guard	dian cannot be reached, name of pe	erson to l	be contacted in case of	emergency:		
Home Phone	Cell Phone Work Phone					
Relationship to Student						
Authorization For Emergency Medical Treatment The undersigned, as parent/legal guardian of Student, hereby authorizes the Education & Youth Director or designee, into whose care the Student has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis, treatment, and/or hospital care to be rendered to the Student upon advice of any licensed physician and/or dentist. It is understood that this authorization is given in accordance with Section 49407 of the California Education Code and shall remain effective until revoked in writing and delivered to Mosaic Law Congregation. I understand that Mosaic Law Congregation, its officers, and its employees assume no liability of any nature in relation to the transportation of the Student. I further understand that all costs of paramedic transportation, hospitalization, or any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the Student's parent/legal guardian.						
Physician			Physician Phone			
Dentist		Dentist Phone				
Hospital Preference			Medical Insurance ID# Dental Insurance ID#			
Please list any allergies including allergies to any medications						
My child is currently taking the following medications:						
Is there any other information we need to know relevant to your education?						
I certify that I have read and understood this form and do hereby give my authorization for emergency medical treatment, and that all of the information I have provided on this form is true and correct.						
Parent/Legal Guardian Signature Date						

Mercaz Religious School and Youth Group Emergency Form 2024-2025 A separate form must be filled out for each student

A separate 10	πιπαρίκ		each stude	111	
Student's Last Name	Studer	t's First Name			M.I.
Grade	Studer	nt's Birthdate Gender			
Student's Street Address		City/State/Zip	I		
Mailing address (if different)		City/State/Zip			
Parent/Legal Guardian (Last, First)		Parent/Legal Guardian	ı (Last, First)		
Home Phone (if different from Student's)		Home Phone (if different from Student's)			
Cell Phone		Cell Phone			
Work Phone		Work Phone			
Email		Email			
1. If Parent/Legal Guardian cannot be reached, nam to be contacted in case of emergency:	ne of person				
Home Phone					
Relationship to Student					
2. If Parent/Legal Guardian cannot be reached, nam	ne of person to l	be contacted in case of e	emergency:		
Home Phone					
Relationship to Student					
3. If Parent/Legal Guardian cannot be reached, nam	ne of person to l	be contacted in case of e	emergency:		
Home Phone					
Relationship to Student					
A uth a vina	tion For Emore	reney Medical Treatme			
Authorization For Emergency Medical Treatment The undersigned, as parent/legal guardian of Student, hereby authorizes the Education & Youth Director or designee, into whose care the Student has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis, treatment, and/or hospital care to be rendered to the Student upon advice of any licensed physician and/or dentist. It is understood that this authorization is given in accordance with Section 49407 of the California Education Code and shall remain effective until revoked in writing and delivered to Mosaic Law Congregation. I understand that Mosaic Law Congregation, its officers, and its employees assume no liability of any nature in relation to the transportation of the Student. I further understand that all costs of paramedic transportation, hospitalization, or any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the Student's parent/legal guardian.					
Physician					
Dentist		Dentist Phone			
Hospital Preference		Medical Insurance	ID# □ De	ental Insura	nce ID#
Please list any allergies including allergies to any medications					
My child is currently taking the following medications	:	L			
Is there any other information we need to know relev	ant to your edu	cation?			
I certify that I have read and understood this form and do hereby give my authorization for emergency medical treatment, and that all of the information I have provided on this form is true and correct.					
Parent/Legal Guardian Signature			Da	ate	

Mercaz Religious School and Youth Group Emergency Form 2024-2025

A separate form	must	be filled out for each st	tudent		
Student's Last Name	Stude	nt's First Name		M.I.	
Grade	Stude	nt's Birthdate	Gender		
Student's Street Address		City/State/Zip			
Mailing address (if different)		City/State/Zip			
Parent/Legal Guardian (Last, First)		Parent/Legal Guardian (Last, First	t)		
Home Phone (if different from Student's)		Home Phone (if different from Student's)			
Cell Phone		Cell Phone			
Work Phone		Work Phone			
Email		Email			
 If Parent/Legal Guardian cannot be reached, name of p to be contacted in case of emergency: 	person				
Home Phone					
Relationship to Student					
2. If Parent/Legal Guardian cannot be reached, name of p	person to	be contacted in case of emergency:			
Home Phone					
Relationship to Student					
3. If Parent/Legal Guardian cannot be reached, name of p	person to	be contacted in case of emergency:			
Home Phone					
Relationship to Student					
Authorization F	or Emer	gency Medical Treatment			
The undersigned, as parent/legal guardian of Student, her the Student has been entrusted, to consent to any X-ray e and/or hospital care to be rendered to the Student upon ac authorization is given in accordance with Section 49407 of writing and delivered to Mosaic Law Congregation. I under no liability of any nature in relation to the transportation of hospitalization, or any examination, X-ray, or treatment pro Student's parent/legal guardian.	eby author examination dvice of a f the Calif rstand that the Stude	orizes the Education & Youth Director on, anesthetic, medical, surgical, or of ny licensed physician and/or dentist. fornia Education Code and shall rema at Mosaic Law Congregation, its offic ent. I further understand that all costs	lental diagnosis, It is understood ain effective until ers, and its empl s of paramedic tr	treatment, that this I revoked in loyees assume ansportation,	
Physician					
Dentist		Dentist Phone			
Hospital Preference		Medical Insurance ID# Dental Insurance ID#			
Please list any allergies including allergies to any medications					
My child is currently taking the following medications:		1			
Is there any other information we need to know relevant to	your edu	ucation?			
I certify that I have read and understood this form and that all of the information I have provided on this form Parent/Legal Guardian Signature			gency medical t Date	treatment, and	

Thank you for Registering

2024-2025 Mercaz Religious School and Youth Group