

## Youth Group Registration Packet

2023-2024

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 & Youth

- ☐ 2023-2024 Registration Form
- □ 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)

## Mosaic Law Congregation

2300 Sierra Boulevard, Sacramento, CA 95825 || (916) 488-1122 || www.mosaiclaw.org

Noah Rachels
Reuven Taff
Rabbi Emeritus

Cantor Emeritus

#### From the Director of Education and Youth

#### Shalom!

At Mosaic Law Congregation, we know that not all learning needs to be formal. So much of what we remember long after we are out of school is informal, experience-based, social, and both active and interactive. That is why we are so happy to have such a variety of Youth Groups that extend over so many grades and ages.

Our Youth Groups are:

Mommy and Me: ages 3 months to 5 years

Perachim: 1st, and 2nd grades

B'nai Mazel: 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> grades
 ★ Kadima: 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grades

USY: 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup> grades

All of these groups give our children engaging and unique opportunities to laugh and smile, to socialize, to show their creative and playful sides, and to feel a part of a close-knit group of friends that can last a lifetime. And sometimes they also learn to give it little back to the community with planned opportunities for service projects. The older our children get, the more they also learn leadership skills and ways to balance their busy life of sports, music lessons, and clubs with Youth Group activities.

We have only just begun to return to the kinds of full in-person activities we were known for. Many of our children have fond memories of sports days at a park, movie and popcorn nights, sleepovers, laser tag, miniature golf, and scavenger hunts. As we continue to expand our time together, there are so many possibilities. What about a candy sushi event, or a chocolate Seder? Maybe an escape room? Or maybe just some unstructured homework time in the Youth Lounge? The possibilities are only limited by our imagination and the support and supervision of parents and families.

Do you have some ideas for Youth Group activities? Do you have a talent or time to share? Do you have resources for materials or connections for places for us to go? Perhaps you could serve on our Advisory Committee. Perhaps you could be a host or a chaperone. In whichever way you think you might want to get involved, please share your thoughts or information with me at rabbilobel@mosaiclaw.org, or by phone at 916-488-1122, ext 117.

Let's do all we can together to help to strengthen each child's identity, to create bonds for them within their greater community, and to empower them to be our future leaders, all while having a great time!

L'Shalom,

Rabbí Ríckí Lobel

Director of Education and Youth

#### 2023-2024 Youth Group Registration Form

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

	Address (if different)  City/State/Zip (if different)  Home Phone (if different)	
	, , ,	
	Home Phone (if different)	
	Cell Phone	
	Work Phone	
	Email	
	Student #2 Full Name	
Current School	Entering Grade	Current School
	Hebrew Name	
Cell Phone	Gender	Cell Phone
Age as of 8/20/23	Birthdate	Age as of 8/20/23
	Student #4 Full Name	
Current School	Entering Grade	Current School
	Hebrew Name	
Cell Phone	Gender	Cell Phone
Age as of 8/20/23	Birthdate	Age as of 8/20/23
	Cell Phone  Age as of 8/20/23  Current School  Cell Phone	Work Phone  Email  Student #2 Full Name  Current School Entering Grade  Hebrew Name  Cell Phone Gender  Age as of 8/20/23 Birthdate  Student #4 Full Name  Current School Entering Grade  Hebrew Name  Current School Entering Grade  Hebrew Name  Cell Phone Gender

## 2023-2024 Youth Group Payment Form

Name of Group	Youth Group Fee
Mommy & Me: 3 months – 5 years	No Charge
Perachim: 1st & 2nd Grades	\$75.00 Member \$90.00 Non-Member
B'nai Mazel: 3rd, 4th & 5th Grades	CZE OO Marahar
Kadima: 6th, 7th & 8th Grades	\$75.00 Member
USY: 9th -12th Grades	\$90.00 Member

Name of Group	Child 1	Child 2	Child 3	Child 4	Subtotal
Mommy & Me	N/C	N/C	N/C	N/C	\$
Perachim	\$	\$	\$	\$	\$
B'nai Mazel	\$	\$	\$	\$	\$
Kadima	\$	\$	\$	\$	\$
USY	\$	\$	\$	\$	\$
Donation to subsidize those in need	\$	\$	\$	\$	\$
Total – All Children					\$

Please submit payment with this registration packet.

Fees may be paid online with a credit card at https://secure.acceptiva.com/?cst=DLHMr2

Please make checks payable to Mosaic Law Congregation (please note "Youth Group" in the memo line)

#### Education & Youth Department CODE OF CONDUCT REGARDING BULLYING

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 youth program. By establishing this zero-tolerance policy, we hope to ensure that each and every person in our community is treated with dignity and respect.

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

We will not tolerate behavior that infringes on the safety of any youth. 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 youth and/or staff to immediately report incidents of bullying to Mosaic Law Congregation's Director of Education & Youth, Youth Group Advisor, or their designees. 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 youth on the Mosaic Law campus and during youth 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 youth.

Youth Advisors will discuss this policy with their youth in age-appropriate ways and should assure them that they need not endure any form of bullying. Youth 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 Code of Conduct includes, but is not limited to:

- Any youth who engages in bullying may be subject to disciplinary action up to and including suspension and/or expulsion.
- Youth are expected to immediately report incidents of bullying to the Director of Education and Youth, Youth Advisor, staff member and/or Clergy.
- Youth 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, youth 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 synagogue will make reasonable efforts to keep a report of bullying and the results of investigations confidential.
- 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

### 2023-2024 Youth Group Volunteer Participation Form

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 (Circle one)	Parent/Legal Guardian (Circle one)
Of	
Student(	s) Name(s)
Phone Number:	
Volunteer Opportunities	Sign me up to help
Youth Advisory Committee	
Host or help with:	
Mommy & Me	
Perachim	
B'nai Mazel	
Kadima	
USY	
If you're interested in becoming an advisor, contact Rabbi Lobel (rabbilobel@mosaiclaw.org of 1122 ext. 117)	•

#### **Thank You!**

#### Youth Group Student Name/Photo Release Form

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 participate in Mosaic Law Congregation's Youth Group program.

Student #1	_Student #2
Student #3	_Student #4
Yes, I give permission for my child(ren)'s first child(ren) to be photographed or videotaped the classroom.	and last name to be released and for my while in Youth Group or related activities outside
last names and/or photograph to be used in p	rm, I give permission for my child(ren)'s first and publications, presentations, videos, or web pages, ongregation's Youth Groups. My child(ren)'s first cluded in news releases distributed to
	OR
☐ Yes, I give permission for my child(ren)'s to be Group or related activities for internal use on	, , ,
NOTE: No payment will be made to a child photo family if and when the photographs are used in control productions, or websites. Parents/Legal Guardia finished photographs or video.	
	DR .
No, I do NOT want my child(ren)'s first and la photographed or videotaped while in school classroom.	· · · · ·
Checking "no" and signing this form means the photograph may NOT appear in any Mosaic I synagogue bulletin boards, presentation, vide Law Congregation's Youth Group department	Law Congregation's Youth Group publication, eo, website, or news release produced by Mosaic
Parent/Legal Guardian Signature	Date

## 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

ппѕпар.			
I,			agree to the use of my
	Please prir	nt	
personal au	utomobile, registered	to	
		PI	lease print
(Year)	(Make)	(Model)	(Vehicle License #)
activities for	the 2023-2024 school te carrier is:	ol year.	d from planned off-site
Policy #:		Expiration Dat	te:
Driver's Lice	ense #:		_Expiration 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.

## Youth Group Emergency Form 2023-2024

A separate form must be filled out for each student

Student's Last Name		Stude	udent's First Name M.I.				
Grade	Cell Phone	Stude	nt's Birthdate		Gender		
Student's Street Address	3		City/State/Zip				
Mailing address (if different) City/State/Zip							
Parent/Legal Guardian (l	Last, First)		Parent/Legal Guardia	n (Last, First)			
Home Phone (if different	from Student's)		Home Phone (if differ	ent from Student's	)		
Cell Phone			Cell Phone				
Work Phone			Work Phone	Work Phone			
Email			Email				
1. If Parent/Legal Guard	lian cannot be reached, name of pe	erson to	be contacted in case of	emergency:			
Home Phone	Cell Phone			Work Phone			
Relationship to Student							
2. If Parent/Legal Guard	lian cannot be reached, name of pe	erson to	be contacted in case of	emergency:			
	0.11.01			Lw LD			
Home Phone	Cell Phone			Work Phone			
Relationship to Student							
3. If Parent/Legal Guard	lian cannot be reached, name of pe	erson to	be contacted in case of	emergency:			
Home Phone	Cell Phone Work Phone						
Relationship to Student							
the Student has been en and/or hospital care to be authorization is given in writing and delivered to I no liability of any nature	ent/legal guardian of Student, here trusted, to consent to any X-ray ex- e rendered to the Student upon adva accordance with Section 49407 of the Mosaic Law Congregation. I unders in relation to the transportation of the camination, X-ray, or treatment proverses.	by author amination of a contract of a contr	on, anesthetic, medical, ny licensed physician a ornia Education Code a at Mosaic Law Congrega ent. I further understand	Youth Director or do surgical, or dental nd/or dentist. It is u nd shall remain eff ation, its officers, an that all costs of pa	diagnosis, t inderstood fective until nd its emplo aramedic tra	treatment, that this revoked in byees assume ansportation,	
Physician			Physician Phone				
Dentist			Dentist Phone				
Hospital Preference			☐ Medical Insurance ID# ☐ Dental Insurance ID#			nce ID#	
Please list any allergies	including allergies to any medicatio	ns					
My child is currently takin	ng the following medications:						
Is there any other inform	ation we need to know relevant to y	our edu	ication?				
	d and understood this form and o on I have provided on this form i			on for emergency	medical tr	eatment, and	
Parent/Legal Guardian S	Signature			Da	ate		

## Youth Group Emergency Form 2023-2024

#### A form must be filled out for each student

Student's Last Name		Stude	Student's First Name M.I			M.I.
Grade	Cell Phone	Stude	dent's Birthdate Gender			
Student's Street Addres	S	1	City/State/Zip		I	
Mailing address (if different)  City/State/Zip						
Parent/Legal Guardian (	(Last, First)		Parent/Legal Guardia	ın (Last, First)		
Home Phone (if differen	t from Student's)		Home Phone (if differ	ent from Student's	5)	
Cell Phone			Cell Phone			
Work Phone			Work Phone			
Email			Email			
1. 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	<u> </u>					
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				L		
3. 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						
the Student has been en and/or hospital care to be authorization is given in writing and delivered to no liability of any nature	rent/legal guardian of Student, hereintrusted, to consent to any X-ray experient rendered to the Student upon advaccordance with Section 49407 of the Mosaic Law Congregation. I unders in relation to the transportation of the xamination, X-ray, or treatment proving the student in the student	by author amination wice of any the Califor stand that are Stude	on, anesthetic, medical, ny licensed physician a ornia Education Code a at Mosaic Law Congrega ent. I further understand	outh Director or de surgical, or dental nd/or dentist. It is und shall remain eff ation, its officers, a that all costs of pa	diagnosis, funderstood fective until nd its emplo aramedic tra	reatment, that this revoked in byees assume insportation,
Physician			Physician Phone			
Dentist			Dentist Phone			
Hospital Preference			☐ Medical Insurance ID# ☐ Dental Insurance ID#			
Please list any allergies	including allergies to any medication	ns				
My child is currently taki	ing the following medications:					
•	nation we need to know relevant to y					
	d and understood this form and o ion I have provided on this form i			on for emergency	v medical ti	reatment, and
Parent/Legal Guardian S	Signature			Di	ate	

## Youth Group Emergency Form 2023-2024

#### A form must be filled out for each student

Student's Last Name		Stude	tudent's First Name M.I.			M.I.
Grade	Cell Phone	Stude	nt's Birthdate		Gender	
Student's Street Addres	S		City/State/Zip			
Mailing address (if differ	rent)		City/State/Zip			
Parent/Legal Guardian (	(Last, First)		Parent/Legal Guardia	n (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	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	be contacted in case of	emergency:		
Home Phone	Cell Phone Work Phone					
Relationship to Student						
the Student has been er and/or hospital care to be authorization is given in writing and delivered to no liability of any nature	rent/legal guardian of Student, here ntrusted, to consent to any X-ray ex- perendered to the Student upon advaccordance with Section 49407 of the Mosaic Law Congregation. I unders in relation to the transportation of the xamination, X-ray, or treatment provess.	by author amination wice of an athe Califortian that the Califortian that the Studen and the Stu	on, anesthetic, medical, ny licensed physician ar ornia Education Code a at Mosaic Law Congrega ent. I further understand	outh Director or de surgical, or dental ad/or dentist. It is u and shall remain eff ation, its officers, and that all costs of pa	diagnosis, t inderstood t ective until nd its emplo iramedic tra	reatment, that this revoked in byees assume insportation,
Physician			Physician Phone			
Dentist			Dentist Phone			
Hospital Preference			☐ Medical Insurance ID# ☐ Dental Insurance ID#			nce ID#
Please list any allergies	including allergies to any medicatio	ns				
My child is currently taki	ng the following medications:					
Is there any other inform	nation we need to know relevant to y	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 S	Signature			Da	ate	



# Thank you for Registering!