



Registration Packet 2023-2024

Mosaic Law Congregation | 2300 Sierra Boulevard | Sacramento, CA 95825
916.488.1122 | www.mosaiclaw.org

Check List

Please return the following items to the Education Department

- 2023-2024 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)**
- 2023-2024 School Calendar**



Mosaic Law Congregation

2300 Sierra Boulevard, Sacramento, CA 95825 || (916) 488-1122 || www.mosaiclaw.org
Ben Herman Noah Rachels Reuven Taff George Wald
Rabbi *Cantor* *Rabbi Emeritus* *Cantor Emeritus*

Do you have a teen, or know a teen? Then mark your calendar for 7:00 p.m. Tuesday, September 5, 2023! That will be the first night for our exciting new Midrasha program.

Midrasha promises to be a robust and engaging program for our teens from eighth through twelfth grade. If you have not been a part of our high school classes in the past, here are some reasons to think about it now:

Connection: We know that the number one indicator of future connection to Judaism and a strong Jewish identity is having Jewish friends. We know the importance of developing relationships between students and will be providing a great variety of opportunities for students to strengthen their relationships with one another.

Opportunity to Envision Jewish Life Beyond the Classroom: Our goal is to create life-long learners who have a strong sense of self and are ready to go out into the world and live their Jewish lives as young adults, whether in college or career.

Variety: While our tenth graders will be in a year-long Confirmation with Rabbi Herman, students in our other grades classes will attend classes scheduled in modules that will allow them to experience three classes per year.

Learning Brought to Life: Many of our classes will lead to out-of-the-classroom follow-ups. For example, after learning about Jews in the News, students will have the opportunity to go to a local news station and learn about how the news is brought to us. After taking a culinary trip around the world right in our own kitchen, students can prepare a meal of international proportions. Our classes may not have finals, but they sure will know how to end!

A Safe Space: Our teens have a lot to process, from local and global events to anti-Semitism to the countless social and peer pressures they face every day. Midrasha will be a place for them to share their feelings, their experiences, and find support to help them as they cope.

And there's more...For example, Midrasha will work with our SUSY Youth Group on Lounge Nights, holiday-related celebrations, and other special events in a dynamic way that will give our teens more choices for engagement than they know what to do with!

We look forward to a year of active teen participation, and hope that includes you!

2023-2024 Midrasha 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) | |
| 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 9/5/23 | Birthdate | Age as of 9/5/23 |
| 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 9/5/23 | Birthdate | Age as of 9/5/23 |

2023-2024 Midrasha Tuition & Payment Form

| Grades | Tuition per Student |
|-------------------------------|---------------------|
| 8th – 12 th Grades | \$360 |

| Grade | Child 1 | Child 2 | Child 3 | Child 4 | Subtotal |
|------------------|---------|---------|---------|---------|----------|
| 8 th | \$ | \$ | \$ | \$ | \$ |
| 9 th | \$ | \$ | \$ | \$ | \$ |
| 10 th | \$ | \$ | \$ | \$ | \$ |
| 11 th | \$ | \$ | \$ | \$ | \$ |
| 12 th | \$ | \$ | \$ | \$ | \$ |
| Total | | | | | \$ |

Please submit payment with this registration packet.

Tuition may be paid online with a credit card at [https://secure.acceptiva.com/
?cst=2c9ea6](https://secure.acceptiva.com/?cst=2c9ea6)

Or pay by check payable to Mosaic Law Congregation (please note "Midrasha" 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 its school. 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 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 immediately 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 Midrasha 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 Midrasha 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 Midrasha teacher.

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

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

Printed
Name _____ Signature _____
Parent/Legal Guardian 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?

No Yes If yes, which Synagogue?

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.)

2023-2024 Midrasha Volunteer Participation Form

Midrasha 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 | Yes, I will help |
|--|------------------|
| Parent Advisory Committee (meets once per module) | |
| Hanukkah Program (Sunday, 12/10/23) | |
| Confirmation Shabbat (4/6/24) | |
| Purim Carnival (3/17/24) | |
| Purim Mishloach Manot Baskets (3/3-3/26/24): | |
| 1. Shopping | |
| 2. Record Keeping | |
| 3. Creating baskets | |
| 4. Delivering baskets | |
| Passover Program (Sunday, 4/14/24) | |
| Year-End Dinner (Tuesday, 5/7/24) | |
| Other (classroom aide, donating materials, etc.) | |

**Midrasha
Student Name/Photo Release Form**

Please check one 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 Midrasha.

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-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 Midrasha Program. 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 websites. 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 nor 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 Midrasha program publication, synagogue bulletin boards, presentation, video, website, or news release produced by Mosaic Law Congregation's Midrasha program.

Parent/Legal Guardian Signature

Date

Midrasha & 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.

I, _____ agree to the use of my
Please print
personal automobile, registered to _____
Please print

| | | | |
|--------|--------|---------|---------------------|
| (Year) | (Make) | (Model) | (Vehicle License #) |
|--------|--------|---------|---------------------|

to transport students of MIDRASHA to and from planned off-site activities for the 2023-2024 school year.

My insurance carrier is: _____

Policy #: _____ Expiration Date: _____

Driver's License #: _____ Expiration Date: _____

| | |
|---------------------------------|------|
| Parent/Legal 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.

Midrasha Emergency Form 2023-2024

A separate form must be filled out for each student

| | | | | |
|---|------------|--|--------|------|
| Student's Last Name | | Student's First Name | | M.I. |
| Grade | Cell Phone | Student'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) | | |
| 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, name of person to be contacted in case of emergency: | | | | |
| Home Phone | Cell Phone | Work Phone | | |
| Relationship to Student | | | | |
| 2. If Parent/Legal Guardian cannot be reached, name of person to be contacted in case of emergency: | | | | |
| Home Phone | Cell Phone | Work Phone | | |
| Relationship to Student | | | | |
| 3. If Parent/Legal Guardian cannot be reached, name of person to be contacted in case of emergency: | | | | |
| Home Phone | Cell Phone | Work Phone | | |
| Relationship to Student | | | | |
| Authorization For Emergency Medical Treatment | | | | |
| <p>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.</p> | | | | |
| Physician | | Physician Phone | | |
| Dentist | | Dentist Phone | | |
| Hospital Preference | | <input type="checkbox"/> Medical Insurance ID# <input type="checkbox"/> 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? | | | | |
| <p><i>I certify that I have read and understood this form and do hereby give my authorization for emergency medical treatment, and that all the information I have provided on this form is true and correct.</i></p> | | | | |
| Parent/Legal Guardian Signature | | | Date | |

Midrasha Emergency Form 2023-2024

A separate form must be filled out for each student

| | | | | |
|---|------------|--|--------|------|
| Student's Last Name | | Student's First Name | | M.I. |
| Grade | Cell Phone | Student'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) | | |
| 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, name of person to be contacted in case of emergency: | | | | |
| Home Phone | Cell Phone | Work Phone | | |
| Relationship to Student | | | | |
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| Physician | | Physician Phone | | |
| Dentist | | Dentist Phone | | |
| Hospital Preference | | <input type="checkbox"/> Medical Insurance ID# <input type="checkbox"/> Dental Insurance ID# | | |
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| Home Phone (if different from Student's) | | Home Phone (if different from Student's) | | |
| Cell Phone | | Cell Phone | | |
| Work Phone | | Work Phone | | |
| Email | | Email | | |
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| Home Phone | Cell Phone | Work Phone | | |
| Relationship to Student | | | | |
| 2. If Parent/Legal Guardian cannot be reached, name of person to be contacted in case of emergency: | | | | |
| Home Phone | Cell Phone | Work Phone | | |
| Relationship to Student | | | | |
| 3. If Parent/Legal Guardian cannot be reached, name of person to be contacted in case of emergency: | | | | |
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| Physician | | Physician Phone | | |
| Dentist | | Dentist Phone | | |
| Hospital Preference | | <input type="checkbox"/> Medical Insurance ID# <input type="checkbox"/> Dental Insurance ID# | | |
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| Parent/Legal Guardian Signature | | | Date | |

Thank you for
Registering

מדרשה

2023-2024