
SHOMREI TORAH SYNAGOGUE
RELIGIOUS SCHOOL

7353 Valley Circle Blvd., West Hills, CA. 91304

Telephone: (818) 346-4979 www.stsonline.org school@stsonline.org



February 1, 2012

Dear STS Religious School and Day School Parents,

5th and 6th grade Shabbaton

February 24-25, 2012

Drop off 5:00pm Friday, Havdallah and Pick up 6:30pm Saturday

Fee: \$36.00

We have excitedly begun planning for our 5th – 6th Grade Shabbaton. We are looking forward to spending a fun-filled and educationally rich Shabbat with your children

February 24-25, 2011

On the Shabbaton, we will be exploring the parsha of the week, learning about Israel and praying together as a community. Our Shabbaton program is planned and facilitated by specially trained madrichim (the teen leaders of Shomrei Torah Synagogue). If you would like your child to be part of our Shabbaton experience, the attached consent form must be submitted to the religious school office by **Friday, February 17, 2012**. A form is attached for your convenience. **There is a \$36.00 fee for this program.**

Thank you for supporting experiential programs such as our Shabbaton. They literally bring students' classroom learning to life! Please do not hesitate to contact the Religious School office if you have any questions. (818) 346-4979

B'Shalom,

Erinn Bernstein,
Director of Informal Education

Adrienne Pasternak,
Director of Education

**** Please remember that students must be here for the full 25 hours. Students must have all paperwork in place upon drop off at the Shabbaton.****

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SHABBATON APPLICATION

Student's Name _____ Birth date _____

Address:

Phone # _____ Cell Phone # _____

Parents' Name(s) and Phone Number(s):

Emergency Contact Name: _____

Relation to Student: _____

Emergency Contact Phone: _____

Please provide us with the following information to help us ensure your child has a great experience at the STS Shabbaton:

Allergies/Medications:

Issues or difficulties with sleeping away from home:

Anything we should be aware of:

If your child becomes nervous or asks to go home in the night, do you prefer to be called or that we do our best to help your child "stick it out?"

Any questions, comments or concerns? (A member of our staff will contact you):

Thank you for your honesty. Working together is the best way to provide our students with an amazing Shabbaton experience.

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CONSENT FORM

Student's name _____ Telephone _____

Address _____

PARENTAL CONSENT FORM

I hereby give my son/daughter permission to attend the 5th and 6th grade Shabbaton at Shomrei Torah Synagogue and to participate in the program. I understand that my child will have to adhere to all the rules for the weekend.

I understand that one program of the Shabbaton involves leaving the premises of the synagogue to go to the park that is one block away.

Parent's Signature

Date

MEDICAL RELEASE AND NUMBERS IN CASE OF EMERGENCY

I hereby give permission for my child to participate in the 5th and 6th grade Shabbaton activities at STS as planned by their staff. In case of medical and/or surgical emergency, I hereby give permission to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for my child as named above, after ALL efforts have first been made to contact me.

Emergency Contact Name and Phone Number _____

Parent's Signature _____

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**PLEASE RETURN THIS ENTIRE PACKET
TO STS NO LATER THAN FRIDAY, FEBRUARY 17, 2012.**