

# SHORASHIM שרשים



loving

jewish

learning

- ✓ Shorashim is Jewish after school program for students from Prep - Year 5
- ✓ Shorashim is designed to instill a love of the Hebrew language and a passion for Jewish culture
- ✓ Shorashim incorporates songs, games, arts and craft to bring Jewish tradition to life
- ✓ Shorashim is a warm, caring environment with professional and passionate teachers

Shorashim, which means roots in Hebrew, is a community based after school Jewish learning program established with a single goal:  
to help our children to develop Jewish identities with deep roots!

## SHORASHIM 2012 CLASSES SCHEDULE\*:

Thursdays | Prep - Year 5 | 4 pm - 4:55 pm

\*Class Schedule is based on a minimum class of 4 students and a maximum class of 8 students. Additional classes will be added as needed.

עץ חיים ETZ CHAYIM PROGRESSIVE SYNAGOGUE

T: 9563 92 08 | E: [info@etzchayim.org.au](mailto:info@etzchayim.org.au)  
549 Centre Road, Bentleigh (parking in Lydia Street)



# SHORASHIM ENROLMENT FORM

Please use one enrolment form per child. If you require additional forms, please contact Etz Chayim Progressive Synagogue office on 9563 9208 or at [info@etzchayim.org.au](mailto:info@etzchayim.org.au)

## STUDENT:

Student's Name:

(First and Surname) \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

School Grade: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

## PARENTS/GUARDIANS:

Parent 1:

(First and Surname) \_\_\_\_\_

Address:

(If same as Child's – leave blank) \_\_\_\_\_

Parent 1 Mobile Phone: \_\_\_\_\_

Parent 1 Email Address: \_\_\_\_\_

Parent 2:

(First and Surname) \_\_\_\_\_

Address:

(If same as Child's – leave blank) \_\_\_\_\_

Parent 2 Mobile Phone: \_\_\_\_\_

Parent 2 Email Address: \_\_\_\_\_

## FEES:

Members \$15 per session, paid a term in advance

Non-members \$20 per session, paid a term in advance

## EMERGENCY MEDICAL INFORMATION

In the event of a medical emergency, I/we authorize the staff to obtain emergency medical treatment for my child and to consent to such treatment as may be deemed necessary.

Parent 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent 2 Signature \_\_\_\_\_ Date \_\_\_\_\_