



Thursday, February 16, 2012

Dear Parents,

As you know, the 4<sup>th</sup>-graders have been learning about the Jewish Life Cycle this year. Currently, they are studying the Jewish wedding and will begin studying the unit on death and mourning after Passover break.

**We have two upcoming field trips related to these lessons:**

On **Sunday, March 18**, during Religious School, the students will go on a tour of a *mikveh*, a Jewish ritual bath. It is a tradition for women to immerse themselves in the *mikveh* before they get married. Students will take a tour of the *mikveh* at American Jewish University at 15600 Mullholland Drive. They will learn about the traditions of the *mikveh* related to marriage and beyond. We will meet at Temple Beth Hillel sharply at **9:00 AM** and return at 11:45 AM in time for dismissal.

On Tuesday, May 1, during Religious School, the students will participate in a learning session with Rabbi Joshua Samuels at Temple Beth Hillel on the topic of death and mourning. This unit culminates with a **field trip to Mt. Sinai Mortuary on Tuesday, May 8**. Mt. Sinai is located at 5950 Forest Lawn Drive, approximately 15 minutes from TBH. Rabbi Sarah Hronsky will lead the field trip and will explain the Jewish traditions associated with death and dying. We view the topic of death and mourning and the field trip as a sensitive, non-threatening introduction to the Jewish customs of death, mourning and burial. We encourage the students to attend both of these important sessions. We will meet at Temple Beth Hillel sharply at **4:00 PM** and will return around 6:00 PM. Students will then go to class for discussion and be ready for pick-up at 6:30 PM.

**Please return the attached field trip form by Tuesday, March 6.** If you are interested in chaperoning, you can sign up on the back side of the field trip form. If you have any questions or concerns, please call either one of us.

*L'shalom,*

Handwritten signature of Susan Levin in black ink.

Susan Levin  
Director of Religious School

Handwritten signature of Allison Lattman in black ink.

Allison Lattman  
Assistant Director of Religious School



**TRIP PERMISSION FORM FOR  
RELIGIOUS SCHOOL 4<sup>TH</sup>-GRADE LIFE CYCLE FIELD TRIPS  
Permission slip is due before Tuesday, March 6, 2012.**

**Student's Name:** \_\_\_\_\_

**Has permission to participate in the following trip(s):**

*Check one:*  yes  no

**American Jewish University**  
15600 Mulholland Dr.  
Los Angeles, CA 90077

**Date:** Sunday, March 18, 2012  
**Time:** 9:00 AM – 11:45 AM

**Form Due by:** Tuesday, March 6, 2012

**Instructions:** Students will carpool with parent drivers to and from American Jewish University.

*Check one:*  yes  no

**Mt. Sinai Mortuary**  
5950 Forest Lawn Dr.  
Los Angeles, CA 90068

**Date:** Tuesday, May 8, 2012  
**Time:** 4:00 PM – 6:00 PM

**Form Due by:** Tuesday, March 6, 2012

**Instructions:** Students will carpool with parent drivers to and from Mt. Sinai Mortuary.

**Health or Special Needs:** *Check one.*

- My student has no special health needs the staff should be aware of, and no medication is required.
- My student has a special need, and instructions are attached.  
Number of attached pages: \_\_\_\_\_
- Other: \_\_\_\_\_

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility forcing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

I agree to waive all claims against Temple Beth Hillel and hold its officers, employees, and agents harmless from any and all liability or claims which may arise out of or in connection with my child's participation in this activity. This waiver, however, shall not apply to any occurrences which may arise solely out of the negligence of Temple Beth Hillel its employee or agents.

**Parent/Guardian Signature:** \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
*Print Name Signature Date*

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
*Print Name Signature Date*

**PLEASE COMPLETE AND SIGN THE REVERSE SIDE OF THIS FORM!!!**

Student's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

In the event of illness or accident, please notify:

\_\_\_\_\_  
Name Relationship to Child

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Please READ and SIGN the following:**

I hereby agree to indemnify, defend and hold harmless Temple Beth Hillel and its officers, employee, agents and volunteers, from and against any and all damages, loss, liability, charges, and expenses in any way arising out of my or my child's participation in the program for which I am registering. I give permission to Temple Beth Hillel to photograph me or my child participating in this program for which I am registering for use in future city publicity and I acknowledge that I will not receive any compensation for such use.

Parent/Guardian Signature: \_\_\_\_\_  
Print Name Signature Date

**Please check all that apply:**

My student will need a ride to and from:  American Jewish University  Mt. Sinai Mortuary

I would like to be a driver to and from:  American Jewish University  Mt. Sinai Mortuary

*If you would like to be a driver for either trip, please fill out the box below and attach a photocopy of your Automobile Insurance Declaration Sheet.*

**Please READ and COMPLETE the following information if you would like to be a driver for the above trip:**

**Our insurance company requires us to obtain A COPY OF THE AUTOMOBILE DECLARATION SHEET SHOWING THE LIMIT AMOUNTS OF YOUR COVERAGE.** As the registered owner of any vehicle, you have the ultimate financial and legal responsibility for any accidents which might occur. Please note: Your proof of insurance card is not acceptable. If you have a Homeowners or Umbrella Policy, please include a copy along with your Automobile Insurance Declaration Sheet.

Name of Driver: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

I can take \_\_\_\_\_ students with seatbelts.  
*number*

Auto Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Vehicle License Plate: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_  
Print Name Signature Date

***Please return this form with a photocopy of your Automobile Insurance Declaration Sheet.***