

November 19, 2007
9 Kislev 5768

Dear Tenth Grade Students and Parents,

We hope you received our save the date flyer last week. We are truly looking forward to another wonderful Shabbaton on December 14-16. We will build upon the success of the class Shabbaton last year and our all-school Shabbaton in September with what promises to be an exciting program. We hope you will be able to attend.

This packet contains information about:

- Where we are staying and a schedule of events
- Transportation
- Medications
- Packing List
- Cost, Payment and Scholarships
- Application and Consent form

The deadline for all forms and payment is **Friday, November 30, 2007.**

Where We Are Staying

The Shabbaton will take place at the Hilton, Long Island in Melville on Route 110. With the exception of our Saturday night activity, all programs will take place at the hotel.

Friday, December 14th

We will be providing transportation from Glen Cove to the Hilton. Students should report to the "old gym" at the conclusion of classes. We will then load our luggage onto our designated bus and depart at 2pm for the Hilton. We recommend bringing an extra snack to school that afternoon.

All students should bring their overnight bag to school on Friday.

OUR PROGRAM

A detailed schedule will be posted and e-mailed the week prior to the Shabbaton. We have arranged Shabbat meals at the Hotel and will be bringing one of our school's *Sifrei Torah* to read on Shabbat.

We have secured a lifeguard and as part of our program will be offering an opportunity for students to swim in the hotel pool. Please pack accordingly.

Saturday Night

Immediately following the conclusion of Shabbat, we will be boarding a bus and going to Nassau Coliseum to see the New York Islanders play the Pittsburgh Penguins. After the game, we will be returning to the hotel for a short program prior to curfew.

Sunday

Our Shabbaton will conclude **promptly at 10:30am** on Sunday morning. Parents should pick up their children from the Hilton. Please do not block the main entrance to the hotel when picking up your children.

Cost

The all-inclusive cost for the Shabbaton is \$125 payable to SSDS. Each student has received a subsidy for this Shabbaton through a grant from the Avi Chai Foundation and the Institute for Informal Jewish Education at Brandeis University.

There are limited need-based scholarships available. Please contact Rabbi Schwartz for more information.

MEDICATIONS

If your child requires any medications during the weekend, please have him or her bring the medication to school on Friday, along with instructions as to when and how much to administer. Students may only keep inhalers or epi-pens. ALL other medications must be turned in to the nurse on Friday morning upon arrival at the school and with the doctor's prescription and parental permission.

Medication must be in the original prescription container (as required by New York State law).

Conclusion

It is essential that we receive all applications and payment by the deadline so we can ensure proper staffing, food and other logistics. Doing so, will keep down added costs and allow us to continue offering such programs in the future.

We are truly excited about this wonderful weekend. We appreciate your prompt response to this letter. If you have questions or concerns, please do not hesitate to contact us.

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What to bring...

Required Items:

- *Talit* and *T'filin* (all males and any females who have taken on the obligation)
- *Kipah* (all males and any females who have taken on the custom) and Kipot clips

For Shabbat:

- Males: Pair of Dockers or Casual Dress Pants and Button-Down or Polo Shirts
- Females: Casual Dresses, or Skirts (of appropriate "below the knee" length)

Please note: Jeans and Jean-skirts may not be worn to Shabbat services and meals. Sneakers are also prohibited. Proper attire is required.

- T-Shirts (No Tank Tops)
- Long Sleeve Tops
- Sweatshirt
- Jeans or Sweatpants
- Socks and Underwear
- Pajamas
- Toiletries (we recommend you put liquids or gels into Ziploc bags)
- Jacket (especially for the hockey game!)
- Dress shoes for Shabbat and more casual shoes/sneakers for Saturday night

For those who wish to do so, there will be an opportunity to swim on Shabbat. Please bring a bathing suit (you can leave the sunscreen at home).

We encourage students to bring Shabbat appropriate games such as cards or other board games. Please do not bring Ipods or other valuable items. SSHSLI and Temple Israel are not responsible for lost or damaged items.

**PLEASE RETURN TO THE OFFICE
NO LATER THAN NOVEMBER 30th**

Name _____ Grade _____

Parent Phone Numbers: 1) _____ Location _____
during the Shabbaton

2) _____ Location _____

3) _____ Location _____

Emergency Contacts (during the Shabbaton only)

(in the event a parent cannot be reached at one of the above numbers)

Name _____ Relationship _____

Phone Number 1: _____ Phone Number 2: _____

Name _____ Relationship _____

Phone Number 1: _____ Phone Number 2: _____

Basic Medical Information

Allergies: _____

Are you a vegetarian? Circle one Y N

Other Dietary Restrictions/Medical Concerns:

Insurance Information

Name of Policy Holder:

Policy Number/Group Number:

TO ALL STUDENTS: Please Read and Sign Below

By signing below, I state that I have read and that I understand the rules that govern behavior at Solomon Schechter Day School of Nassau County and Solomon Schechter High School of Long Island and all activities that are related to the school. Furthermore, I understand that any violation of these rules on the Shabbaton will result in disciplinary action in accordance with the Solomon Schechter student handbook and may also include actions ranging from being removed from a specific activity to being sent home. In addition to the rules outlined in the handbook, I understand that additional rules may be given by staff at the Shabbaton and I agree to follow those rules as well.

Student Signature _____ **Date** _____

TO ALL PARENTS: Please Read and Sign Below

I hereby give my child _____ permission to attend the 10th grade Shabbaton sponsored by Solomon Schechter High School of Long Island and do hereby release Solomon Schechter Day School of Nassau County and the Solomon Schechter High School of Long Island and its agents from all liability that may occur as a result of my child's participation in the program.

I authorize the school and/or its designated agent to secure medical treatment for my child in the event of an emergency and a parent cannot be reached.

I have read the rules that apply to my child's participation in this program and to my child's continued good standing as a student in the school and understand and support their implementation as necessary.

Parent Signature _____ **Date** _____