



A Jewish Reform community where everyone belongs:  
a sacred place for celebration, learning and family!

203 Church Place  
Yorktown Heights, NY 10598  
914.962.7500  
office@templebetham-ny.org  
www.templebetham-ny.org

Dear Prospective Member,

We welcome you to Temple Beth Am. As Yorktown's oldest Reform Synagogue, we are proud to offer a warm, inclusive and active center for all aspects of Jewish life.

Our varied programs range from our engaging Religious School, Adult Education and Social programs to our Shabbat, Life Cycle and Festival celebrations – we have something for everyone!

Come join us for Shabbat and meet our Temple family! If you have pre-school through 1<sup>st</sup> Grade children, you will not want to miss Welcoming Shabbat with Rabbi Robert and Rebbetzin Ellen Weiner. Families with older children will appreciate our Family Shabbat Services to engage our youth as well as our adults. Adults may enjoy Bagels & Bible or REB Talks with Rabbi Weiner for some “grown-ups-only” discussions and our Adult Events programs. Prospective members are always welcome.

Temple Beth Am stands out amongst other area synagogues: We offer a special Young Family Membership for families where the oldest child is in Kindergarten or younger; our Religious School has programming for special needs students; and we have no building fund included in our dues.

**Choose Your Dues!** Available exclusively to new members who join between July 1, 2019 and October 31, 2019. (*Religious School and B'nei Mitzvah fees do not apply.*)

We always welcome new members at any time, but please note that applications are greatly appreciated by July 31, 2019 to register in Religious School and by September 10, 2019 to receive High Holy Days tickets.

Please return the enclosed application to:

Temple Beth Am - 203 Church Place - Yorktown Heights, NY 10598

If you have any questions, please contact the membership committee at 914-6-BETH-AM or membershipTBA@gmail.com; or one of our Religious School co-chairs: Shari Silk (shariansilk@gmail.com) or Beth Warren (b\_peltzer@yahoo.com - 914-302-6751).

We look forward to you becoming part of our Temple family.

Shalom,

Ken Usen  
President

# Temple Beth Am Religious School Calendar 2019-20

Please check weekly Religious School News e-mail for any changes to this calendar

<p><b>Grades K-6: Sundays 9-11:30am</b> <i>parent education dates will be emailed</i></p> <p>September 8, 15, 22 (Rosh Hashana) October 6, 13 (Sukkot), 20 (Simchat Torah), 27 November 3, 17, 24 December 8, 15 (Hanukkah) January 5, 12, 26 February 2, 9 (Tu Bish'vat), 23 March 1, 8 (Purim Carnival), 15, 22, 29 (Passover) April 19, 26 May 3, 10, 17, 31 June 7</p>	<p><b>Grades 7-12: Thursdays 5:30-7pm</b></p> <p>September 12, 19, 26 (Rosh Hashana) October 3, 10, 17 (Sukkot), 24 November 7, 14, 21 December 5, 12, 19 (Hanukkah) January 9, 16, 23, 30 February 6, 13 (Tu Bish'vat), 23, 27 March 5, 12, 19, 26 April 2 (Passover), 16, 23, 30 May 7</p>
<p><b>FRIDAY CLASS SERVICES/ DINNERS</b></p> <p>09/06/19: Family Shabbat Welcome Back Dinner 6:00pm Service 7:00pm</p> <p>12/13/19: Grades 3/ 4 Hanukkah Singing Dinner 7:00pm Service 8:00pm</p> <p>02/07/20: Grade 5 Participation Shabbat Dinner 6:00pm Service 7:00pm</p> <p>03/20/20: Grade 6 Participation Shabbat Dinner 7:00pm Service 8:00pm</p> <p>05/01/20: Family Shabbat Dinner 6:00pm Service 7:00pm</p> <p>05/15/19: Youth Celebration for teens and parents Dinner 7:00pm Service 8:00pm</p>	<p><b>B'NEI MITZVAH CLASS</b> <b>Wednesdays 6:30-7:30pm</b> <i>Students attend upon invitation by Rabbi approximately 7-8 months before BM date</i></p> <p>Class meets year-round from except for: 10/9/19, 11/27/19, 12/25/19, 1/1/20, 2/19/20, 4/8/20</p> <p>when class will not meet</p> <p><b>HAFTARAH/TORAH INDIVIDUAL SESSIONS</b></p> <p>The Cantor will arrange to meet individually with students approximately 6 months before BM date usually on Wednesday and Thursday evenings</p>

Students in grades 4-7 are required to attend at least the number of services in their grade during the year. For example, fourth graders should attend four services between September 2019 – August 2020. Students will be given the opportunity log their Shabbat attendance in their classroom folders.

**Inclement Weather:** If Yorktown Schools close, dismiss early or cancel after-school activities, all Religious School classes and B'nei Mitzvah lessons are also cancelled. In the event of a closure, we will put a message on our website at [www.templebetham-ny.org](http://www.templebetham-ny.org) and will also make every effort to contact you. On Sundays, we will try to give you at least one hour's notice.

**Drop off and Pickup:** turn right onto the Summit street drop off and pickup line from Moseman road

CONTACT US	Name	e-mail (try this first if possible)	phone
Director of Education	Jamie Tortorello-Allen	<a href="mailto:jamietallen@gmail.com">jamietallen@gmail.com</a>	914-962-7500 x15
School committee co-Chair	Shari Silk	<a href="mailto:shariannsilk@gmail.com">shariannsilk@gmail.com</a>	
School committee co-Chair	Beth Warren	<a href="mailto:b_peltzer@yahoo.com">b_peltzer@yahoo.com</a>	914-302-6751
Temple Administrator	Julie Woogen	<a href="mailto:officetemplebetham@gmail.com">officetemplebetham@gmail.com</a>	914-962-7500 x 1

# Temple Beth Am 2019-20 Membership Application for New Members only

We welcome new members at any time, but appreciate your forms as early as possible as we begin planning for High Holy Day services and Religious School classes in July. Current members should use online or paper renewal forms.

Please print clearly so that we get it right! For Y/ N questions, if none circled, we will choose the **bolded** option.

	<b>FIRST NAME, LAST NAME</b>	<b>M/F/O</b>	<b>BIRTHDATE</b>	<b>OCCUPATION</b>
<b>Member 1: Adult</b> Primary Contact				
<b>Member 2: Adult</b>				
	<b>Contact Information and Preferences</b>	<b>Print in Directory?</b>	<b>Send Automated Calls/E-mails?</b>	
<b>Home Phone</b>		<b>Y N</b>	<b>Y N</b> (N=ok for us to miss calls about funerals, emergency closings and very special events)	
<b>Member 1 E-mail</b>		<b>Y N</b>	<b>Y N</b> (N = will check website for Weekly E-mails and Religious School News)	
<b>Member 1 Cell</b>		<b>Y N</b>	<b>Y N</b>	
<b>Member 2 E-mail</b>		<b>Y N</b>	<b>Y N</b>	
<b>Member 2 Cell</b>		<b>Y N</b>	<b>Y N</b>	
<b>mailing address enter to right =&gt;</b>				
	<i>number street</i>	<i>city, state zip</i>		

### All Children in Family (up to age 25) and Religious School Enrollment (also submit info form for each RS student)

First Name (include last name if different from parent(s))	birth date	m/f/o	enroll in Rel. School? (Y/N)	RS grade for 2019-20(K-12)
			<b>Y N</b>	
			<b>Y N</b>	
			<b>Y N</b>	
			<b>Y N</b>	

**Temple E-Mail Lists:** in addition to our congregation-wide notices and weekly e-mails, if you would like to receive occasional E-mails regarding Temple events suited to your family's interests, check below to the left all which apply.

	<b>Children and Family:</b> Child Care, Welcoming Shabbat and other Family Events
	<b>Social:</b> Men's Club, Sisterhood, Adult Events and other Social Events
	<b>Spiritual:</b> Ritual, Choir, Welcoming Shabbat
	<b>Giving Groups:</b> Social Action, CAREing, Chesed, Oneg
	<b>Buildings and Grounds:</b> Security, Landscaping, Beautification, Long Range Planning, Maintenance
	<b>TBA Committees:</b> Board, Membership, Fundraising, Computer, Library and all other committees not listed above

**High Holy Day Tickets for Relatives -** Members and their dependent children will automatically be mailed "free" tickets by 9.19.19. Fill out for tickets for relatives such as parents, siblings, children ages 26+, aunts, uncles or cousins. You can also order tickets separately later on up till September 15, 2019.

# of RELATIVES	List all FIRST and LAST names to be listed on a single ticket on one line
<b>Total Due:</b>	# of relatives X \$25 = Total Due. Enter this on Line E under "TOTALS" on page 2.

**Yahrzeit Information –** We can publish name(s) and read them at services the Friday night following each yahrzeit date. We can also mail a reminder letter and memorial candle about a week before each yahrzeit . You can also send this information later.

Name of deceased and relationship to member (i.e. first name, last name - mother of Joe)	mm/dd/yyyy and/or Jewish date system requires complete date	Use Jewish Date?	Publish and read name?	Send Candles?
		<b>Y N</b>	<b>Y N</b>	<b>Y N</b>
		<b>Y N</b>	<b>Y N</b>	<b>Y N</b>
		<b>Y N</b>	<b>Y N</b>	<b>Y N</b>

**Book of Remembrance –** This booklet with the names of beloved ones who are no longer with us is distributed at our Yom Kippur Yizkor Service so that we may honor their memory. Fill out information below to list your loved ones.

First Name of loved one	Last Name of loved one	First Name of loved one	Last Name of loved one
1.		4.	
2.		5.	
3.		6.	

Although not essential for names to be listed, a donation in memory of loved ones is customary and appreciated! If you would like to make a donation, please enter here \$\_\_\_\_\_.00 and on line F under "TOTALS" on page 2.

=>enter name: \_\_\_\_\_

**Membership Dues – for new members joining 7/1/19- 10/31/19** – enter below and on line A below

**Choose your own dues** – enter your pledge for membership dues for this year. In deciding your pledge, please keep in mind the cost to sustain the Temple is \$2200 per member family. \$ .00

**For reference:** membership dues for our current members are:

**Family: \$2525 Single Parent Family: \$2190 Senior Family: \$1766 Single: \$1636 Senior Single: \$967**  
plus a one time \$180 special assessment with amounts over \$180 being matched by an angel donor

**or Young family membership** – for families with oldest child in Kindergarten or younger \$378

**Referral Rebate**

If a current Temple Beth Am member referred you **and** you join by 10/31/19, enter their name below and they will receive a one-time 20% reduction in their dues (excludes young family category).

=> Referred by: \_\_\_\_\_

if you join by 10/31/19.

First name

Last name

**Religious School Fees:** Note that the fees entered initially do not include the \$400 rebate for each additional child enrolled. This rebate will be subtracted at the bottom of this section on line 2 below.

Description	Fee	# children					
Kindergarten (do not enter if Young Family – no extra charge)	\$275 x		\$				
Grades 1 through 7	\$1200 x		\$				
Chai School A (Pre-Confirmation: grades 8-9.	\$800 x		\$				
Chai School B Post-Confirmation: grades 10-12.	\$475 x		\$				
<b>1. subtotal # children and Religious School Fees before rebates applied</b>			\$				
<b>2. REBATE</b> subtotal 1 on line 1 above (1 child enrolled is \$0), 2 children \$400, 3 children \$800, etc. Enter to right and subtract from subtotal.	rebate \$-	Subtract	-				
<b>3. Total Religious School Fees:</b> enter on line B below			\$				

**TOTALS**

<b>A: NEW Member Dues</b> (Returning members cannot use this form – please use Renewal form.)	\$						
<b>B: Religious School Fees</b> from line 3 above	\$						
<b>C: Grades 7-12 Pizza:</b> for pizza for class. You may send dinner instead or enter \$125 for each 7-12 grader	\$						
<b>D: Additional Donation</b> above and beyond dues – if you can - enter here. Thank you!	\$						
<b>E: High Holy Days Tickets</b> (total from previous page)	\$						
<b>F: Book of Remembrance Donation</b>	\$						
<b>G: Brotherhood Membership</b> - enter \$36 here to join	\$						
<b>H: Sisterhood Membership</b> - enter \$36 here to join	\$						
<b>I: Total Due-</b> add lines A through H	\$						

**SIGNATURE**

By signing below, I agree to pay all applicable dues and fees and to allow Temple Beth Am to use anonymous (unlabeled) photographs of myself and/or my family for use in publicity, publications and/or website unless I have notified the Temple in writing otherwise.

=> Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Check-off List** (Due by 7/26/19 to ensure active Membership benefits by the High Holy Days and start of Religious School)

<input type="checkbox"/>	Signed Membership Application (one per family – both pages please)
<input type="checkbox"/>	(if applicable) Religious School Student Info (one per child attending Religious School)
<input type="checkbox"/>	<b>Credit Card or ACH Payment Plan:</b> Upon receiving this form, we will bill your account for the Total Due and E-mail you a link to the member's only section of our website where you can schedule up to 12 monthly payments of Total Due. 1 <sup>st</sup> payment due by 7/26/19 if 12. To submit individual cc payments see below.
<input type="checkbox"/>	<b>Check or individual credit card payments:</b> Check for initial (or full) payment due payable to Temple Beth Am may be enclosed or you may manage individual credit card payments (see above). These payments must meet <b>Payment schedule:</b> 25% of total due by 8/15/19; 50% by 11/15/19; 75% by 2/15/20; 100% by 5/15/20.

**Mail to:** Temple Beth Am 203 Church Place Yorktown Hts., NY 10598, **Fax:** 914 962-2990 or **E-mail:** officetemplebetham@gmail.com **all completed forms.** Questions? E-mail us or call 914 962-7500 ext 1.

# Temple Beth Am Religious School Student Information 2019-20 due 7/15/19

*New members please send in as early as possible!*

**One signed form for each child in grades K-12 required by 7/15/19 along with the entire Membership packet (Temple membership forms must be sent in at same time for school info to be processed).**

**We do not** need any forms from your pediatrician - please do not send!

Student's LAST Name	Student's First Name	Date of Birth	M/F/O	Grade 9/19	School District

**Emergency Contact/Permission to Pick up** In the event of an emergency, we will try first to contact parent(s), so please do *not* enter your own name(s). If one parent is not a member, list their contact information below if appropriate. If you have more than one child, contact names must be the same for each child in the family. If already listed on first child's form check here  and skip the first two lines below.

<i>list someone other than yourselves</i>	name	phone(s)	relationship
emergency/pickup contact for family			
additional emergency/pickup contact			

current allergies (list here)

allergy severity – check all that apply. You **must** bring in any checked medications along with administration instructions by the first day of school.

( ) mild (no medication provided to school)

( ) not severe: may need Benadryl or \_\_\_\_\_. Medication and instructions provided to school

( ) severe – epipen/auvi-q and instructions provided to school.

( ) my child may not eat or drink anything other than food sent by us or water and \_\_\_\_\_ juice(s)

( ) my child knows what s/he may eat or drink and may eat food provided by school

current medications:

If your child has any physical, medical, learning, social or behavioral needs that we should be aware of, please enter them here. It is helpful for us to know what strategies work for behavior and learning in a classroom setting. We appreciate this information and will keep it confidential. If your child has an IEP or 504 Plan at school, please consider sharing it with us so that we can meet their needs. Attach separate sheet if needed.


Would you like us to contact you to arrange a confidential meeting to discuss any areas of concern prior to the start of the religious school year? yes no best contact # or email:

We will try to place your child with **up to two** friends, since we believe that being with friends allows children to experience meaningful Jewish community. We cannot guarantee that large groups can be kept together. All Religious School and Membership forms **must be received by 7/15/19** in order for placement requests to be considered. Please enter *no more than two* names of children to try to place with your child.

first and last name of child 1: \_\_\_\_\_ first and last name of child 2: \_\_\_\_\_

In an emergency, the Religious School has my permission to contact “911” and request the assistance of a rescue squad. The Religious School and the rescue squad have my permission to take my child to the emergency room of the nearest hospital. The rescue squad, hospital and its staff have my authorization to provide treatment necessary for the well-being of my child .

Temple Beth Am may photograph my child for anonymous (unlabeled) use in publicity, publications and/or website unless I have notified the Temple otherwise.

My child and I have read and discussed the Code of Conduct (on our website) and agree to abide by its terms.

**Signature of Parent** \_\_\_\_\_ **Date** \_\_\_\_\_

mail one form for **each** child in school together with the entire Membership packet to Temple office by 7/15/19

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**Signature of Parent**

**Date**

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