

# Temple Beth Am 2019-20 Paper Membership Renewal

**Due 7/15/19**

For use by **Current** Members who prefer not to renew online. **New Members:** please use membership application form

Please complete and return **all** pages to office by **7/15/19**; and make your **first payment by 7/26/19** in order schedule 12 monthly payments and receive Membership services (High Holy Days, Religious School, etc.)

|   |                              |  |
|---|------------------------------|--|
|   | <b>Last Name, First Name</b> | write <b>changes <u>only</u></b> to address, phone, E-mail since last year |
| <b>Member 1: Adult</b><br>Primary Contact |                              |  |
| <b>Member 2: Adult</b>                    |                              |  |

## New-to-family Children and/or New Religious School Students.

|   |            |       |                        |   |
|---|------------|-------|------------------------|---|
| First Name, Last name (if different from parents(s)<br><i>only list new students and/or new children in family but submit information forms for each child in school.</i> | birth date | m/f/o | Enroll in Rel. School? | Religious School Grade for Sept 2019 (usually same as school grade) |
|   |            |       | Y N                    |   |
|   |            |       | Y N                    |   |

**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.

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>Children and Family:</b> Child Care, Welcoming Shabbat and other Family Events                                  |
| <input type="checkbox"/> | <b>Social:</b> Men's Club, Sisterhood, Adult Events and other Social Events  |
| <input type="checkbox"/> | <b>Spiritual:</b> Ritual, Choir, Welcoming Shabbat   |
| <input type="checkbox"/> | <b>Giving Groups:</b> Social Action, CAREing, Chesed, Oneg   |
| <input type="checkbox"/> | <b>Buildings and Grounds:</b> Security, Landscaping, Beautification, Long Range Planning, Maintenance              |
| <input type="checkbox"/> | <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 up till 9.15.19.

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

## New Yahrzeit Information – please **only** enter if we aren't already reading names and/or sending candles

| Name of deceased and relationship to member<br>(i.e. first name, last name – mother of Joe )  | English date (mm/dd/yyyy)<br>and/or Jewish date to remember                             | Use Jewish Date? | Publish and read name? | Send Candles? |
|---|---|------------------|------------------------|---------------|
|   |   | Y N              | Y N                    | Y N           |
|   |   | Y N              | Y N                    | Y N           |
|   |   | Y N              | Y N                    | Y N           |
| <i>Please only list names above that we don't already have. If you are receiving candles and/or if names are being read- please do not list them here. <b>New names only!</b></i> | <i>We need complete date to list:<br/><b>mm/dd/yyyy</b> or<br/>xx Jewish month/year</i> |                  |                        |               |

**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. (Yahrzeit information on your account used to provide names to be read at Shabbat services is **not used** to produce this booklet– names must be listed by you below.)

**If no boxes below are checked, no listing will be made.** You can also request listings separately up till 9.15.19.

No listing     List new name(s) below and/or from 2018 **Book**

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.

| 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.                      |                        |

List names above to be listed that were **not** listed in last year's book. We only need first and last names.

enter name here

**Membership Categories - circle one and enter annual dues amount on line A below:**

| Category             | Annual Dues* | This Category is for:   |
|----------------------|--------------|---|
| Family               | \$2525       | 2 or more related family members  |
| Single Parent Family | \$2190       | single, divorced, widowed or separated parent with children in Religious School |
| Single               | \$1636       | single adult without any children in Religious School                           |
| Senior Family        | \$1766       | 2 or more related family members where one member is aged 62 or better          |
| Senior Single        | \$967        | single adult aged 62 or better  |
| Young Family         | \$378        | Oldest child in Kindergarten or younger   |

\*any rebates for referring new members will be applied by 11/30/19. . Remind new members to enter your name on their application.

**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 D below   |            |            | \$ |  |  |  |

**TOTALS**

|  |    |  |  |   |   |   |
|--|----|--|--|---|---|---|
| <b>A: Dues</b>   | \$ |  |  |   |   |   |
| <b>B: Chai Fund</b> - \$180 minimum special assessment due this year from all member families                      | \$ |  |  | 1 | 8 | 0 |
| <b>C: Chai Fund additional donation</b> which will be matched 100% by our angel donor – thank you!                 | \$ |  |  |   |   |   |
| <b>D: Religious School Fees</b>  | \$ |  |  |   |   |   |
| <b>E: Grades 7-12 Pizza:</b> for pizza for class. You may send dinner instead or enter \$125 for each 7-12 grader. | \$ |  |  |   |   |   |
| <b>F: B'nei Mitzvah 1/1/20-12/31/20</b> enter \$690 amt due this year (\$780 was paid last year)                   | \$ |  |  |   |   |   |
| <b>G: B'nei Mitzvah 1/1/21-12/31/21:</b> enter \$775 amt due this year   | \$ |  |  |   |   |   |
| <b>H: High Holy Day Tickets for Relatives:</b> enter total due from worksheet on page 1 (\$25 per relative)        | \$ |  |  |   |   |   |
| <b>I: Book of Remembrance Donation</b>   | \$ |  |  |   |   |   |
| <b>J: Brotherhood Membership</b> - enter \$36 here to join   | \$ |  |  |   |   |   |
| <b>K: Sisterhood Membership</b> - enter \$36 here to join  | \$ |  |  |   |   |   |
| <b>L: Total Due</b> - add lines A through K  | \$ |  |  |   |   |   |

**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 7/15/19 to ensure active Membership benefits by the High Holidays and start of Religious School)

|           |  |
|-----------|--|
|           | Signed Membership Renewal (one per family – both pages please)   |
|           | (if applicable) Religious School Student Info (one per child attending Religious School)   |
| <b>or</b> | <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 for 12 payments. To submit individual cc payments see below. |
|           | <b>Checks or individual cc 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:** 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.

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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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