

Temple Beth Am 2017-18 Paper Membership Renewal Due 7/15/17

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 **7/15/17**; and make your **first payment by 7/31/17** in order to receive membership services including High Holiday tickets and Religious School enrollment

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

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

| Name of deceased and relationship to member (i.e. first name, last name – mother of Joe) | English date (mm/dd/yyyy) 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 |
| 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. New names only! | | We need complete date to list: mm/dd/yyyy or xx Jewish month/year | | |

New-to-family Children and/or New Religious School Students (enrollment forms also required)

| First Name, Last name (if different from parents(s) <i>only list new students and/or new children in family</i>) | birth date | m/f/o | Enroll in Rel. School? | Religious School Grade for Sept 2017 (usually same as school grade) |
|--|------------|-------|------------------------|--|
| | | | Y N | |
| | | | Y N | |
| | | | Y N | |

HIGH HOLIDAYS

High Holiday Tickets for Relatives – Members and their dependent children will automatically be mailed "free" tickets. Fill out for tickets for relatives such as parents, siblings, children ages 26+, aunts, uncles or cousins.

| | |
|---------------------|---|
| # Relatives: | List all first and last names to be listed on a single ticket on one line |
| | |
| | |
| Total Due: | Multiply # of relatives times \$25 for total due and enter total due to left and on line F on page 2 |

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.

No listing List new name(s) below and/or from 2017 **Book**

Book of Remembrance Donation: \$_____.00 Although not essential for names to be listed, a donation in memory of loved ones is customary and appreciated!
Enter on line G on page 2

| First Name of loved one | Last Name of loved one |
|-------------------------|------------------------|
| 1. | |
| 2. | |
| 3. | |

| First Name of loved one | Last Name of loved one |
|-------------------------|------------------------|
| 4. | |
| 5. | |
| 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 | \$2405 | 2 or more related family members |
| Single Parent Family | \$2086 | single, divorced, widowed or separated parent with children in Religious School |
| Single | \$1558 | single adult without any children in Religious School |
| Senior Family | \$1682 | 2 or more related family members where one member is aged 62 or better |
| Senior Single | \$921 | single adult aged 62 or better |

**any rebates for referring new members will be applied by 11/30/17. Remind new members to enter your name on their application.*

Religious School Fees: write in on applicable lines and enter total on line B below:

| Description | Fee | #children | | | | | |
|--|---------|-----------|----|--|--|--|--|
| Kindergarten (per child) | \$278 x | = | \$ | | | | |
| One child in grades 1 through 7* | \$1177 | n/a | \$ | | | | |
| Two children in grades 1 through 7* | \$1884 | n/a | \$ | | | | |
| Three or more children in grades 1 through 7* | \$2384 | n/a | \$ | | | | |
| Chai School A (Pre-Confirmation): grades 8-9. | \$800 x | = | \$ | | | | |
| Chai School B (Post-Confirmation): grades 10-12. | \$475 x | = | \$ | | | | |
| Chai School Rosh Chodesh: optional monthly program for girls grades 11-12. | \$108 x | = | \$ | | | | |
| Grade 7-12 Pizza: to receive pizza for all classes. You may send dinner instead. | \$100 x | = | \$ | | | | |
| Total Religious School Fees (enter on line B below) | | n/a | \$ | | | | |

**\$200 rebate for each 1st grader enrolled will be applied by 11/30/17*

TOTALS

| | | | | | | | |
|--|----|--|--|--|--|--|--|
| A: Dues | \$ | | | | | | |
| B: Religious School Fees | \$ | | | | | | |
| C: B'nei Mitzvah 1/1/18-12/31/18: enter \$683 for single BM, \$1035 for double: amt due this year | \$ | | | | | | |
| D: B'nei Mitzvah 1/1/19-12/31/19: enter \$720 for single BM, \$1090 for double: amt due this year | \$ | | | | | | |
| E: Additional Donation above and beyond dues – if you can - enter here. Thank you! | \$ | | | | | | |
| F. High Holiday Tickets for Relatives: enter total due from worksheet on page 1 (\$25 per relative) | \$ | | | | | | |
| G. Book of Remembrance Donation | \$ | | | | | | |
| H. Brotherhood Membership - enter \$36 here to join | \$ | | | | | | |
| I. Sisterhood Membership - enter \$36 here to join | \$ | | | | | | |
| J. Total Due - add lines A through I | \$ | | | | | | |

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 7/15/17 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) |
| or | Credit Card Payment Plan: Upon receiving this form, we will bill your account for the Total Due and E-mail you link. Use this link to sign into the member's only section of our website and schedule up to 12 monthly payments of Total Due. 1 st payment due by 7/31/17. To submit individual cc payments see below. |
| | Checks or individual cc payments: Check(s) payable to Temple Beth Am may be enclosed with this form or you can pay by credit card (see above). Payment schedule: 25% of total due by 8/15/17; 50% by 11/15/17; 75% by 2/15/18; 100% by 5/15/18. |

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.

*Thank you so much for being a member of Temple Beth Am
and for your continued support. We appreciate it.*

Temple Beth Am Religious School Student Information 2017-18 due 7/31/17

New members inquiring after 7/3/17 please send in as early as possible!

One signed form for each child in grades K-12 required by 7/31/17 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 9/17 | 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 1st child's form check here and skip the 1st 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 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 his or her 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 7/31/17** 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 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 7/31/17

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