Temple BETH EL  
301 Possum Park Rd, Newark, DE 19711(302)366-8330tbe@tbede.org

# **From the Rabbi**:

Hello & Welcome,

I feel blessed to be going into my second year as the rabbi and spiritual leader of this warm and caring community. From the ways we reach out to and support each other through both trying and joyful times, to the ways we create fun *and* traditional Shabbat and holiday programs, to the ways in which we gather together socially, I have seen first-hand how people at different stages of life and with diverse interests can find their place in the community at Temple Beth El.

We hold a broad vision of what synagogue life and Jewish community can be, and we create a variety of social, educational and cultural programs to fulfill that vision. Adults gather to play Mah Jong and poker, to cook, bake and create in our kitchen, and leave the building for cross-cultural and educational trips. Our prayer services are lively and spiritual, with a mix of learning, discussion and prayer, where adults find food for the mind and soul and where children are warmly welcome. Through our religious school and early childhood programs (Gan), children learn Hebrew, Jewish history, holidays and culture.

**Jacob Lieberman**

**Rabbi**

**RACHEL MUSSAF**

**Administrator**

**TEMPLE BOARD**

**LINDA OSTER**

**ARLENE JOHNSON**

**Co-Presidents**

**NELLIE FORWOOD**

**First Vice President**

**STEVEN OGINTZ**

**Second Vice President**

**LENY STONE**

**Third Vice President**

**GORDON SALTZMAN**

**Fourth Vice President**

**ALEXIS TEITELBAUM**

**Secretary**

**TRAYCE BAHAR**

**Treasurer**

**STEVE OSMAN**

**Financial Secretary**

**MEMBERS-AT-LARGE**

**MARK BARNETT**

**ANDREA CIOLKOSZ**

**SHARON FULLERTON**

**CECILE ROTH**

**JOSEFINA DIAZ-PEREZ SALTZMAN**

**JON WOLFF**

**SISTERHOOD PRES.**

**LISA GRIER**

**MEN’S CLUB PRES.**

**STUART WIDOM**

**IMMED. PAST PRES.**

**SHARON MENASHES**

**RICHARD SQUADRON**

**PAST PRESIDENT**

**BOB GELMAN**

**MARLA NORTON**

**DAVID B. KAPLAN**

**Rabbi Emeritus**

If you’re looking for a Jewish community that inspires and nurtures your Jewish life and journey, I believe you’ve taken an important step towards finding that here. Temple Beth El members share a common purpose in building joyful and meaningful connections to our Jewish heritage and to each other in holy community. We are an egalitarian congregation that celebrates diversity and practices inclusion. “Coming as you are” is part of the fabric of our community.

Feel free to join us at an event or for services, where you’re likely to be greeted warmly by myself and others. We like making new friends! In addition, I love meeting people out for coffee or after services to speak more about whatever is on your mind. To schedule or to be in touch with me, send me an email: [rabbi@tbede.org](mailto:rabbi@tbede.org).

Fondly,

Rabbi Jacob M. Lieberman

# **From Our Co-Presidents:**

****

Dear Congregants, New Members, Returning Members, and Prospective Members of Temple Beth El,

We are very excited about the upcoming year. With Rabbi Jacob and the new boards at the helm, we are positive that it will be one of success and growth for our community. With the return of many former members as well as many new ones, we can already feel the renewed energy everywhere on the Temple Beth El campus. It is our sincerest hope that in the coming year we will only see this energy and positivity grow.

We are tirelessly working to have activities and programs that appeal to every age group. With a little help from each and every member we can ensure the success of these activities. We welcome members to choose a way to become involved. This can easily be done by serving on one of our various committees, volunteer in the office, help with fundraisers, make suggestions for new events, etc. It can be a little or a lot; any and all participation is greatly appreciated and welcomed.

**Jacob Lieberman**

**Rabbi**

**RACHEL MUSSAF**

**Administrator**

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**PAST PRESIDENT**

**BOB GELMAN**

**MARLA NORTON**

**DAVID B. KAPLAN**

**Rabbi Emeritus**

Please feel free to contact us at any time.

Arlene Johnson 302-893-8310 [aljtrucks@verizon.net](mailto:aljtrucks@verizon.net)

Linda Oster 302-547-7773 [tooaruba@aol.com](mailto:tooaruba@aol.com)

# **For more information:** **Special Financial Arrangements:**

Rabbi Jacob M. Lieberman Treasurer- Trayce Bahar (302) 235-1449 [rabbi@tbede.org](mailto:rabbi@tbede.org) Co-President- Linda Oster (302) 547-7773

Synagogue & Religious School Administrator: Office:(302) 366-8330

Rachel Mussaf E-mail: [tbe@tbede.org](mailto:tbe@tbede.org)   
[rmussaf@tbede.org](mailto:rmussaf@tbede.org) Website: www.tbede.org



**TBE REGISTRATION**

Drop off / Mail in registration due by

Friday, August 31, 2018

In Person Registration- Sunday, August 12th 10:00 am-12:00pm

& Tuesday, August 14th 5:30 pm-7:30 pm

**TBE OFFICE HOURS:**

**Starting August 13th**Monday: Closed

Tuesday – Thursday: 9:00 a.m. - 5:00 p.m.

Friday: 9:00 a.m. - 2:00 p.m.

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**HIGH HOLY DAY**

**BIMA FLOWERS**

If you would like to donate towards the flowers, there is a minimum donation of $50

**SUKKOT DECORATIONS NEEDED!**

Corn stalks, bamboo,

pumpkins & gourds.

** ETROG & LULAV**

If you would like to order an Etrog & lulav for your own personal use, please contact the TBE office by August 30th.

HAS YOUR FAMILY HAD A SIMCHA (CELEBRATION) THIS YEAR?

If so, we’d love to mention it at our High Holy Day services and in the Kveller’s Korner of the SHOFAR (our bi-monthly newsletter)!

# **HIGH HOLY DAY CALENDAR**

**ROSH HASHANAH**

Sunday, September 9 - 7:30 pm – Erev. Rosh Hashanah

Monday, September 10 - 9:30 am - Rosh Hashanah Day 1

* Teen Discussion 10:00 am - 11:15 am
* Youth Services 11:00 am-12:30 pm

Grades K-2 / Grades 3-7

* Family Service 4:00 pm - 4:45 pm
* Tashlich Service @ Paper Mill Park 5:00 pm

Tuesday, September 11 - 9:30 am **–** Rosh Hashanah Day 2

**YOM KIPPUR**

Tuesday,September 18 **-** 7:00 pm - Kol Nidre/ Erev. Yom Kippur

Wednesday**,** September 19 - 9:30 am -Yom Kippur

* Teen Discussion 10:00 am - 11:15 am
* Youth Services 11:00 am - 12:30 pm

Grades K-2 / Grades 3-7

* ~ 12 pm Yizkor
* 5:30 pm Family Service & Afternoon Ne’ilah Service
* 7:30 pm Final Shofar blast / Havdalah / Break Fast (flyer coming soon)

**SUKKOT** Friday, September 28 Potluck Dinner & Service

**SIMCHAT TORAH**

Monday, October 1- 6:00 pm - Simchat Torah Service & Celebration**.**

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**Temple Beth El’s High Holy Day**

# **FAMILY SERVICES**

**Rosh Hashanah Yom Kippur**

Monday, September 10 Wednesday, September 19 - 5:30 pm - 7:30 pm

Family Service - 4:00 - 4:45 pm Ne’ilah/FamilyService/Havdalah

Tashlich 5:00 pm @ Paper Mill Park

Everyone welcome! Bring your family and friends for an engaging and exciting service. Be inspired for the New Year with music, storytelling, movement, and drama. For more info. Contact the TBE office 366-8330.

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**\*High Holy Day tickets will be e-mailed to all members who are registered before September 5th\***

***Tickets will be required at the door to maintain safety and security*.**

**TEMPLE BETH EL**

# **2018/2019 MEMBERSHIP INFORMATION**

**Welcome to our new members and welcome back to our congregants**

Being a member of Temple Beth El offers more than just a place of worship. We are a caring community with the goal of making each and every member feel that they are part of our extended family. From our Sisterhood to our Men's Club and the various committees within our community, we strive to meet every member's needs, whether it be spiritual, educational or social.

Temple Beth El operates under a “Fair Share” Dues Schedule. It is very important to be supportive of our members, but we must also keep the synagogue on sound financial ground. TBE board members have worked hard to consider the needs of the synagogue and to evaluate how to control expenses and the potential impact of the current economy on our immediate and long-term future. The President and Treasurer will be monitoring the suggested levels of contribution during the 2018-2019 membership drive. Honesty and generosity are among the core values of Judaism.

We urge you to evaluate your commitment to Temple Beth El and our continued growth, not only in terms of membership but also in terms of the revenue dollars needed to support our many outstanding programs and activities including our excellent Religious School. **Please help us by getting your forms in no later than August 31.**  **If special financial arrangements need to be made, you must contact Trayce Bahar (TBE Treasurer) at 302-235-1449,** [**sportsmama8892@verizon.net**](mailto:sportsmama8892@verizon.net)or Linda Oster (Co-President) at 302-547-7773 or [**tooaruba@aol.com**](mailto:tooaruba@aol.com). Please contact us if you have any questions.

**High Holy Day tickets will be e-mailed to all members who are registered before September 5th.** ***Tickets and checking in at the front door will be required to maintain safety and security***.

Please remember that your registration is not official until accepted by either the President or Treasurer and that **all outstanding 2017-2018 balances are paid before registration.**

**It is also important to note that your pledge must be paid in the manner you have**

**indicated on your pledge sheet unless prior arrangements are made with the Treasurer.**

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# **TBE E-MAIL POLICY**

**By providing my email address to TBE, I am consenting to receiving official communications, including notices of Congregation meetings and other notices sent to members, by email.  *I understand that if I wish to receive notices of Congregation meetings and/or other official mailings by postal service mail rather than or in addition to email notification, I must notify the office in writing that I want to receive notices by U.S. mail.***

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***Non-Members:* \_\_\_\_\_**I don’t wish to affiliate with TBE at this time. However, I do wish to attend High Holy Day Services. My min. contribution of **$250.00 per person** is enclosed which entitles me to seating at all High Holy Day Services.

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Children living at home (ages)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_\_\_\_\_ Amount $\_\_\_\_\_\_\_\_\_\_**

# **2018-2019 DUES SCHEDULE**

**Gross Family/Individual Income Dues Gross Family/Individual Income Dues**

>325,000......................................................$4,12585,001............<100,000................$2,150

280,001...........<325,000..............................$3,850 70,001............<85,000..................$1,850

240,001...........<280,000..............................$3,625 55,001............<70,000..................$1,650

200,001...........<240,000..............................$3,400 45,001............<55,000..................$1,425

165,001...........<200,000..............................$3,025 35,001............<45,000..................$1,200

130,001...........<165,000..............................$2,600 <35,000...........................................$ 950

100,001...........<130,000..............................$2,350

**First year-** may pay ½ of the dues amount with other appropriate charges such as school & building fund at full rate.

**Young Adult -** Under age 30 (before September 1 of the membership year) free membership. All additional charges/fees apply.

**Young Adult Family –** The oldest spouse under age 30 (before September 1 of the membership year) free family membership. All additional charges/fees apply.

**President's Circle** - A special category intended to recognize those who generously pledge 150% or more of the scheduled dues amount. Your name will be included on the President's Circle plaque located in our lobby. If you are able, please consider this additional donation to help us provide more to our community than our operating budget allows.

**T’rumah** - An additional voluntary donation to help Temple Beth El meet its expenses.

**THE SYNAGOGUES “FAIR SHARE” POLICY EXPECTS MEMBERS TO PLACE THEMSELVES IN THE CORRECT CATEGORY. THE PRESIDENT AND TREASURER RESERVE THE RIGHT TO RETURN PLEDGE FORMS THAT DO NOT INDICATE AN ACCEPTABLE LEVEL OF COMMITMENT.**

Income is defined as the gross income of member(s) including all sources of revenue. This is essentially the adjusted gross income as defined by the IRS. Retirees who use other sources to subsidize this amount should include these withdrawals as part of their gross.

**ASSOCIATE MEMBERSHIPS**

Associate memberships are non-voting memberships, without the ability to hold elected or appointed office. Associate members are not eligible for membership privileges such as enrolling in religious school, having a B’nai Mitzvah at Temple Beth El or a wedding.

**Babayit** – **$360 Limited** to those members who are members in good standing at another synagogue and live within 150 miles of Temple Beth el.

**Choots Labayit - $300** Limited to those whose legal resident is more than 150 miles from Temple Bethel

**BUILDING FUND** **- $2,000.00**

**(One Time Assessment for New Members)**

Over the course of the first five (5) years of TBE membership, each member is asked to contribute $2,000 to our Building Fund. This ensures a steady stream of income specifically designated for building projects and improvements. The following is the minimum payment schedule for your Building Fund pledge. If desired, you can pre-pay more of your $2,000 commitment.

All members $400 / year

# **RELIGIOUS SCHOOL TUITION**

**One day per week** **Two days per week**

Pre-K/K, 1, & 2.... ..$400/student 3rd - 5th..................$600/first student

Confirmation...........$450/Student 6th & 7th ...............$800/first student

$50 discount for additional sibling

\*\***Tuition includes Book/Activity/Snack fees. Trip Fees are additional.**

**REMEMBER: *Your contribution to Temple Beth El, exclusive of Religious School fees, is tax-deductible***

# **PLEDGE SHEET 2018-2019**

Please accept the following contribution as my "fair share" pledge.

NAMES (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_&\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Adult Member 1) (Adult Member 2)

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (Home)#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(2) Anniversary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A. TBE Dues Pledge \_\_\_\_\_\_\_\_\_

B. President's Circle (I wish to be a member by pledging an additional 50% or more of Line A) \_\_\_\_\_\_\_\_\_

C. Building Fund \_\_\_\_\_\_\_\_\_

D. Religious School PreK / K, 1 & 2 @ $400/student \_\_\_\_\_\_\_\_

Confirmation @ $450/student \_\_\_\_\_\_\_\_

3rd - 5th grade @ $600/first student \_\_\_\_\_\_\_\_

6th & 7th grade @ $800/first student \_\_\_\_\_\_\_\_

Two-day-a-week deduct $50 for each additional sibling \_\_\_\_\_\_\_\_

**R.S. Total** \_\_\_\_\_\_\_\_\_

E. High Holy Day Tickets for visiting family - min. donation $30/pp - one holiday $50/pp - both holidays. \_\_\_\_\_\_\_\_\_

***Name of Visitors***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This includes adult children (not college students) who do not live in our normal service area as determined by the Board.

Those over 30 and living in our service area must make their own arrangements for tickets.

If your guests are members of a synagogue in their city, there is no fee for tickets. Please provide us with the name of your guests out of town synagogue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

F. T'rumah - Please consider a donation of an amount that is significant to you. \_\_\_\_\_\_\_\_\_\_

TOTAL PLEDGED \_\_\_\_\_\_\_\_\_\_

AMOUNT ENCLOSED (25% Minimum) Check #\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

BALANCE \_\_\_\_\_\_\_\_\_\_

**PLEASE CHECK ONE**

\_\_\_\_ Pay total pledge in full by check

\_\_\_\_ Pay 25% at the time of registration and...

\_\_\_\_ 1 payment of 75% $\_\_\_\_\_\_\_\_\_ before 12/31/18

\_\_\_\_ 9 equal payments $\_\_\_\_\_\_\_\_\_\_ Oct. - June

\_\_\_\_ 3 equal payments $\_\_\_\_\_\_\_\_\_\_ Dec., Mar., June (No later than the last day of the month)

***All payments must be made by June 30, 2019***.

***Pledges must be made on the schedule you have chosen and received no later than the last day of the month.***

I understand that the above represents my contribution to Temple Beth El for the 2018-2019 year.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_**

**Please keep a copy of this pledge sheet for your records**

# **RELIGIOUS SCHOOL**

**A message from our Religious School Administrator…**

Welcome to a refreshing new year of Jewish learning at TBE's Religious School!  This is going to be an amazing year filled with Jewish exploration, Hebrew, prayer, mitzvot and connection.  Rabbi Jacob and I have some wonderful programs planned and we can’t wait for the students to dive in head first.  Rabbi will continue to take an active role within the school daily. I will also be taking a more involved approach in the day to day activities during Religious School on Tuesdays and Sundays.

I look forward to getting to know each of you better as we jump into the new year together.  If you ever have any concerns or questions, please do not hesitate to knock on my door or send me an email.  Your children are my greatest priority and I know that by working together, their Jewish journey will come alive and soar every day at Temple Beth El!

B'Shalom,

Rachel Mussaf

Synagogue/School Administrator

**✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡**

# Sunday, August 26th at 9:15 am

# First day for all grades

**Sundays - 9:15-11:45 am - Tuesdays- 4:45 to 6:30 pm**

**B’raysheit Pre-K/Kindergarten (4 years old by Aug. 31, 2018), 1, 2, &**

**Confirmation Classes (8th -10th) meet on Sundays only.**

**Aleph (Third grade) through Hai (Seventh grade) meet on Sundays & Tuesdays**

Education Chairperson: Lori Gandy



**GAN**

**A once-a-month class for 18 months - 4-year olds**

**Sundays** **from 10:30 am - 11:30 am**

**9/16, 10/21, 11/18, 12/16, 01/27, 02/24, 03/24, 04/14, 05/19**

Children explore Jewish customs, ceremonies and the holidays in a warm, fun atmosphere with songs, stories,

arts & crafts, and snack.

**This program is open to the entire Jewish community.  *Call 302-366-8330 to register.***

***Please be sure to fill out a registration form for EACH student****.*

*Additional forms can be down loaded at tbede.org or stop by the office.*

# **TEMPLE BETH EL RELIGIOUS SCHOOL STUDENT REGISTRATION FORM 2018-2019**

Student’s Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Information:**

**(Please print)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ben/bat) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last Name First Name **Childs Hebrew Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date Secular School 2017-2018 Grade

**Family Contact Information:**

Parent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Hebrew Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ben/bat) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_ E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Hebrew Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ben/bat) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_ E-Mail\_\_\_\_\_\_\_\_\_\_\_\_

Information will be sent to parents via e-mail. If you have more than one e-mail account, where do you want information sent? (Please check both or just put one name in.)

E-mails sent to: Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Both\_\_\_\_\_

**Emergency Contacts (Other than parents):**

1. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of an emergency, every effort will be made to contact the parents. Please provide additional emergency contacts if a parent is unreachable.

In case of emergency, do you give your permission to the school staff to call your doctor/dentist and/or take your child to the hospital to receive necessary emergency treatment?

🞏Yes 🞏No **Parent’s Initials \_\_\_\_\_\_\_\_\_**

**Medical Information:**

Physician’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current medical diagnoses/conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **MEDICAL INSURANCE INFORMATION:**

Insurance Co. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Holder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Religious School Handbook:**

I have read and understood the material stated in the Religious School Handbook located at tbede.org under the religious school tab. **Parent’s Initials \_\_\_\_\_\_\_\_\_**

**Learning Accommodations:**

🞏Yes 🞏No Does your student benefit from learning accommodations in other educational settings. If your student has an **IEP** or **504 plans**, **please provide us with a copy so we can meet his/her needs**.

**Field Trips:** My child has permission to go on educational field trips sponsored by the TBE Religious School. I understand that I will be notified of these trips in advance. Children will travel by bus or private car and will be accompanied by staff and school parents. I release TBE from all responsibility during supervised activities.

**Parent’s Initials \_\_\_\_\_\_\_\_\_**

**Substance Abuse:** I understand that no smoking, alcohol or drugs other than those prescribed by a licensed physician will be permitted during school or on field trips. If my child is caught in possession of or using cigarettes, alcohol and/or drugs, I will be notified. If I am able to pick up my child, I will do so immediately. If not, my child will be sent home at my expense with an adult supervisor.

**Parent’s Initials \_\_\_\_\_\_\_\_\_**

**Unacceptable Behavior:** The Religious School aims to provide a comfortable and safe space for all students and staff. If my child exhibits aggressive behavior, consistently disrupts the class or makes disparaging remarks towards staff or other students, the teacher and/or School Administrator will (A) reprimand the student. If this behavior continues, we will (B) Call the parents, (C) Have a parent conference, and or (D) Request a parent to sit in 3 classes to observe.

**Parent’s Initials \_\_\_\_\_\_\_\_\_**

**\*Parent Participation:**

Each family is **required** to volunteer 10 hours in the TBE Kitchen for Oneg/Kiddush. These hours equate to volunteering for 2 Friday nights and 2 Saturday mornings. You will receive an e-mail notification to sign up for specific dates.

***\*\*\*All parents are required to help with their assigned class Shabbat dinner or Kiddush lunch. (Pre-K, 1 & 2 helps Aleph, Aleph helps Bet, Bet helps Gimmel, Gimmel helps Dalet, Dalet helps Hai, Hai helps Confirmation & Confirmation helps Pre-K, 1 & 2)***

In addition, please volunteer for at least one of the following activities below:

□ Parent Coordinator (“homeroom parent”) □ Fundraising □ Substitute Teaching

□ Other Holiday Celebrations □ Baking/Cooking □ Purim

(Hanukkah, Sukkot, Simchat Torah, Passover) □ Mitzvah Day □ Chaperone field trips

**Photo Release Form**

□ I give permission for my child’s photograph or video image to be published in any form of media, via print or electronic (e.g. video, internet, synagogue web site)

□ I **DO NOT** give permission for my child’s photograph or video image to be published in any form of media, via print or electronic (e.g. video, internet, synagogue web site)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature Date

# **CONGREGATIONAL FAMILY CENSUS FORM- PRINT CLEARLY**

***Please complete in full if you are a new member OR ANY information has changed.***

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Names: \_\_\_\_\_\_\_\_\_\_ & \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FULL Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Joined: \_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: (\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_Cell: (\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_Married \_\_Single \_\_Divorced \_\_Widowed Date/Place of Marriage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hebrew Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ben/bat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ ben/bat \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Yours Parent Yours Parent

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SINGLE CHILDREN**

**FIRST NAME & MI BIRTH DATE HEBREW NAME**

**MARRIED CHILDREN**

**FIRST NAME & MI BIRTH DATE HEBREW NAME**

Other Relatives in our Congregation and State the Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **MEMBER INTERESTS**

# MEMBER INTERESTS

Member interests

**Previous Affiliation:** \_\_\_\_ Orth. \_\_\_\_ Cons. \_\_\_\_ Reform \_\_\_\_ Recon. \_\_\_\_ Renewal \_\_\_\_ Unaffiliated

**Activities and Positions held in previous Congregation(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Please list special talents or interests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Yahrzeits

**NAME OF DECEASED RELATIONSHIP DATE OF DEATH BURIAL LOCATION**

# **TBE MEN’S CLUB**

**Become Active in Men’s Club!**

**Question:**

          What do all of these individuals have in common?

·       The former Delaware Governor

·       A New York City-based performance artist

·       A police chief

·       A radio news anchor

·       An astrophysicist from University of Delaware

·       The New Castle County Executive

·       A community emissary from Israel

**Answer**:

They were all outstanding guest speakers during this past season’s Men's Club breakfasts! So if you would like to learn about some really neat topics while enjoying a delicious breakfast of bagels and lox, scrambled eggs and whitefish salad - please join us!

Our programs are open to all adult [TBE](https://mail.aol.com/webmail-std/en-us/suite) members - **both male and female** - and we welcome you to be part of the Club!

In addition to our Breakfast Series this past year, we sponsored another successful [TBE](https://mail.aol.com/webmail-std/en-us/suite) sports fantasy program, had a great family fun event with a trip to the West Chester University Planetarium, and continued our fundraising efforts with our scrip gift card program. Thanks to all who have supported these efforts.  We are presently planning more events to keep our community engaged.

We are ALWAYS looking for assistance and individuals who can get involved in lots of different ways.  If you have a great idea or a connection to a potential speaker, we want to hear from you.  If you can think of a fun family and/or adult event, give us a call. If you can help us set up for a Sunday breakfast, you're hired!

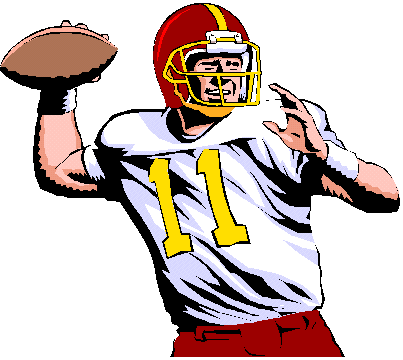
Come out, have fun, support our TBE community efforts, and find out what we are all about!

B'Shalom,

[Stu](https://mail.aol.com/webmail-std/en-us/suite) [Widom](https://mail.aol.com/webmail-std/en-us/suite" \o "Click here to replace with: Wisdom, Idiom, Widow, Widen, Idem, Idioms, Weirdo)

[TBE](https://mail.aol.com/webmail-std/en-us/suite) Men’s Club President

**<><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><>**

**TBE MEN’s CLUB   
is NOW organizing   
our 2018/2019  
  
*FANTASY FOOTBALL LEAGUE*   
August 28 @ 6:00 pm**

**Please join us for another great fun filled season!  
Please contact Joe Sontowski at** [ljoekool@comcast.net](mailto:ljoekool@comcast.net) **for more info.**

Caring Committee

We at Temple Beth El care about our family and community. There are times that our family needs help due to illness, injury, etc. Our committee does just that!

If you know someone who needs assistance or would like to join our committee, please reach out to Linda Oster at tooaruba@aol.com. WE ARE FAMILY!



TBE Choir & Klezmer Orchestra

If you enjoy singing and/or playing an instrument, please join the Temple Beth El Choir and/or TBE Klezmer Orchestra.  The Choir will begin meeting after the High Holidays and the Klezmer Orchestra will start meeting in August.  For more info about **choir,** please contact Susan Shertok at 302-369-4018,

[skshertok@yahoo.com](mailto:skshertok@yahoo.com). For more info about **klezmer**, please contact Marcia Acero at 302-328-6267, [yentama@aol.com](mailto:yentama@aol.com)



# http://www.cliparthut.com/clip-arts/1545/jewish-rabbi-clip-art-1545335.jpeg**TBE SISTERHOOD**

Sisterhood is comprised of all female members of the Temple. Sisterhood is a great way to become an integral part of the synagogue and to build long lasting friendships while having fun. There are so many ways to get involved in Sisterhood. We provide Onegs, Kiddush’s and catering. Sisterhood has many programs to satisfy a variety of interests, including our biggest fundraiser, Basketfest, which draws people not only from our Temple, but from the broader community. Other Sisterhood-run events include: Mahjong madness and lessons; cookie exchange and charity gift auction; Hanukkah Bazaar and much more! We welcome you with open arms!

Catering

Temple Beth El has it’s own Kosher catering service run solely by volunteers. We can cater your Bar/Bat Mitvah, Bris, Wedding and also a private party. Working an event is a great way to meet people, have fun and help fundraise for the Synagogue . Catering is a team effort, and you would never be in the kitchen alone!

**Jennifer Barnett & Cailah Ogden**

[tbecatering@gmail.com](mailto:tbecatering@gmail.comt)

Interested in getting more involved with Sisterhood ?? Please contact **Lisa Grier**, Sisterhood President [1momof3boys@comcast.net](mailto:1momof3boys@comcast.net) 302-824-8974

# BOOK OF REMEMBRANCE

It has been our custom to distribute "The Book of Remembrance" at our Yizkor service on Yom Kippur. Yizkor is said for deceased parents, spouse, siblings, children and other relatives and friends. This tradition has brought comfort to generations of Jewish people. Please fill out the form below and return it to the synagogue office along with your registration. You can write **“same”** if you want the same names as last year.

The Book of Remembrance will be printed as a separate booklet and will be available at the Yizkor service. There will also be time for private prayers and reflection.

If you are interested in acquiring a memorial plaque on our board in the sanctuary please contact the office at 366-8330. This ensures that the name of your loved one will be lit every year on the anniversary of his/her death.

**Name of Deceased Relationship Name of Mourner**

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Please accept the following contribution: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **$5.00 minimum per name)**

**Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please submit a separate check*.**

**✄ ✄ ✄ ✄ ✄ ✄ ✄ ✄ ✄ ✄ ✄ ✄ ✄ ✄ ✄ ✄ ✄ ✄ ✄ ✄ ✄ ✄ ✄ ✄ ✄ ✄ ✄ ✄ ✄**

**The loss of a loved one...**

In the event of a death in your immediate family, please contact the TBE office if you would like our congregation to be informed with the following information:

Funeral information

Shiva / Memorial service information

Donation (Will be directed to TBE if not otherwise indicated)

**✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡✡**

**Temple Beth El Cemetery Section**

The Montefiore Mutual Benefit Society of Wilmington, DE. part of the Jewish Community Cemetery Association, has designated 200 sites for a Temple Beth El section. Membership applications are available at the synagogue office. Montefiore provides a number of benefits and should be seriously considered. The site adjoins the Lombardi Cemetery which is non-denominational. It may be possible to work out burial arrangements in interfaith marriage cases to accommodate this situation. Questions should be directed to Josh Schoenberg at 302-762-0334.

2018 -2019 Membership Packet