

# Membership Application

NEW MEMBER   
RETURNING MEMBER   
JOINING FROM TEMPLE ISRAEL OF SOUTH MERRICK



## Congregation Beth Ohr

2550 South Centre Ave. Bellmore, NY 11710  
Phone: (516) 781-3072 Web: www.cbohr.org  
Email: membership@cbohr.org

## FAMILY LAST NAME \_\_\_\_\_

### MAILING ADDRESS

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### PRIMARY MEMBER 1

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Email: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ Father's Hebrew Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mother's Hebrew Name: \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

Cell: ( ) -

Work: ( ) -

Tribe (please circle): Kohen Levi  
Israel Don't Know

I wish to become a member of  
Sisterhood/Men's Club Yes No  
(first year dues are waived)

I wish to become a member of  
Hazak (Social group of 55+ members) Yes No

Previous Jewish Education and/or involvement in Jewish organizations:  
\_\_\_\_\_

Previous Temple Affiliation Name and Dates:  
\_\_\_\_\_

Please Circle: Orthodox Reconstructionist  
Conservative Reform

Please Circle: Single Married Divorced Widowed  
If Married, Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Home Address (if different than above)

Street: \_\_\_\_\_

Town: \_\_\_\_\_

City: \_\_\_\_\_ State: Zip: \_\_\_\_\_

### PRIMARY MEMBER 2

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Email: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ Father's Hebrew Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mother's Hebrew Name: \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

Cell: ( ) -

Work: ( ) -

Tribe (please circle): Kohen Levi  
Israel Don't Know

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Sisterhood/Men's Club Yes No  
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I wish to become a member of  
Hazak (Social group of 55+ members) Yes No

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\_\_\_\_\_

Previous Temple Affiliation Name and Dates:  
\_\_\_\_\_

Please Circle: Orthodox Reconstructionist  
Conservative Reform

Please Circle: Single Married Divorced Widowed  
If Married, Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Home Address (if different than above)

Street: \_\_\_\_\_

Town: \_\_\_\_\_

City: \_\_\_\_\_ State: Zip: \_\_\_\_\_

CONGREGATION BETH OHR IS PROUDLY AFFILIATED WITH UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM

VISIT THEM AT WWW.USCJ.ORG USCJ

PAGE 2 - FAMILY INFORMATION - ALL CHILDREN - INCLUDING ADULT CHILDREN

**CHILD 1**

First Name:	<i>Last Name (if different than family name):</i>		
Hebrew Name:	Please Circle:	Male	Female
Public School Grade:	Date Birth:	____/____/____	
School:	Email:	____@____.____	

**CHILD 2**

First Name:	<i>Last Name (if different than family name):</i>		
Hebrew Name:	Please Circle:	Male	Female
Public School Grade:	Date Birth:	____/____/____	
School:	Email:	____@____.____	

**CHILD 3**

First Name:	<i>Last Name (if different than family name):</i>		
Hebrew Name:	Please Circle:	Male	Female
Public School Grade:	Date Birth:	____/____/____	
School:	Email:	____@____.____	

**CHILD 4**

First Name:	<i>Last Name (if different than family name):</i>		
Hebrew Name:	Please Circle:	Male	Female
Public School Grade:	Date Birth:	____/____/____	
School:	Email:	____@____.____	

**SPECIAL NEEDS**

Name	Accommodation

**IF MARRIED:**

IS EITHER SPOUSE JEWISH BY CHOICE? YES NO

IF SO, RABBI SUPERVISING CONVERSION \_\_\_\_\_

PAGE 3 - YAHRZEIT INFORMATION

PRIMARY MEMBER 1

First Name: Last Name:
Hebrew Name:
Relationship to you: Date of Death: \_\_\_/\_\_\_/\_\_\_
Please Circle: Before / After Sundown

First Name: Last Name:
Hebrew Name:
Relationship to you: Date of Death: \_\_\_/\_\_\_/\_\_\_
Please Circle: Before / After Sundown

First Name: Last Name:
Hebrew Name:
Relationship to you: Date of Death: \_\_\_/\_\_\_/\_\_\_
Please Circle: Before / After Sundown

First Name: Last Name:
Hebrew Name:
Relationship to you: Date of Death: \_\_\_/\_\_\_/\_\_\_
Please Circle: Before / After Sundown

PRIMARY MEMBER 2

First Name: Last Name:
Hebrew Name:
Relationship to you: Date of Death: \_\_\_/\_\_\_/\_\_\_
Please Circle: Before / After Sundown

First Name: Last Name:
Hebrew Name:
Relationship to you: Date of Death: \_\_\_/\_\_\_/\_\_\_
Please Circle: Before / After Sundown

First Name: Last Name:
Hebrew Name:
Relationship to you: Date of Death: \_\_\_/\_\_\_/\_\_\_
Please Circle: Before / After Sundown

First Name: Last Name:
Hebrew Name:
Relationship to you: Date of Death: \_\_\_/\_\_\_/\_\_\_
Please Circle: Before / After Sundown

## PAGE 4--GETTING TO KNOW YOU

**PRIMARY MEMBER 1** \_\_\_\_\_  
(NAME)

1. ARE YOU INTERESTED IN BECOMING AN ADULT BAR / BAT MITZVAH?  
YES NO
2. WOULD YOU LIKE TO LEARN (OR RE-LEARN) TO READ HEBREW?  
YES NO
3. I CAN READ TORAH:  
YES NO  
IF NO, I WANT TO LEARN HOW TO READ TORAH:  
YES NO
4. I CAN READ HAFTORAH:  
YES NO  
IF NO, I WANT TO LEARN HOW TO READ HAFTORAH:  
YES NO
5. I CAN LEAD MAARIV (EVENING SERVICE):  
YES NO
6. I CAN LEAD SCHACHARIT (MORNING SERVICE):  
YES NO
7. I'M INTERESTED IN MEDITATION:  
YES NO
8. I WANT TO VOLUNTEER AT OUR FLEA MARKET:  
YES NO
9. I WOULD LIKE TO HAVE COFFEE WITH OUR RABBI:  
YES NO
10. I WOULD LIKE TO HAVE COFFEE WITH OUR CANTOR:  
YES NO

**ACTIVITIES AND INTERESTS:**

I/WE WOULD LIKE TO KNOW MORE ABOUT THE FOLLOWING ACTIVITIES: PLEASE CIRCLE

- |                          |                        |
|--------------------------|------------------------|
| ◆ Membership Fundraising | ◆ High Holiday Tickets |
| ◆ House                  | ◆ Mailings             |
| ◆ Ritual                 | ◆ Sisterhood           |
| ◆ Budget and Finance     | ◆ Mens Club            |
| ◆ Kol Nidre Appeal       | ◆ Youth                |

**PRIMARY MEMBER 2** \_\_\_\_\_  
(NAME)

1. ARE YOU INTERESTED IN BECOMING AN ADULT BAR / BAT MITZVAH?  
YES NO
2. WOULD YOU LIKE TO LEARN (OR RE-LEARN) TO READ HEBREW?  
YES NO
3. I CAN READ TORAH:  
YES NO  
IF NO, I WANT TO LEARN HOW TO READ TORAH:  
YES NO
4. I CAN READ HAFTORAH:  
YES NO  
IF NO, I WANT TO LEARN HOW TO READ HAFTORAH:  
YES NO
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YES NO
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YES NO
8. I WANT TO VOLUNTEER AT OUR FLEA MARKET:  
YES NO
9. I WOULD LIKE TO HAVE COFFEE WITH OUR RABBI:  
YES NO
10. I WOULD LIKE TO HAVE COFFEE WITH OUR CANTOR:  
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**ACTIVITIES AND INTERESTS:**

I/WE WOULD LIKE TO KNOW MORE ABOUT THE FOLLOWING ACTIVITIES: PLEASE CIRCLE

- |                          |                        |
|--------------------------|------------------------|
| ◆ Membership Fundraising | ◆ High Holiday Tickets |
| ◆ House                  | ◆ Mailings             |
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| ◆ Kol Nidre Appeal       | ◆ Youth                |

## PAGE 5 - AGREEMENT

### THE UNDERSIGNED HEREBY MAKE APPLICATION FOR MEMBERSHIP IN CONGREGATION BETH OHR AND AGREES TO ALL FINANCIAL TERMS AND CONDITIONS OF MEMBERSHIP.

In consideration of my/our membership in Congregation Beth Ohr, I/we agree to pay all charges for dues, building and other funds, tuition, Bar/Bat Mitzvah fees and assessments upon receipt of regular statements apprising me/us of such. Any payment arrangements other than those detailed below must be made in advance and can be agreed to only by the Finance Committee. I/we understand that no High Holiday tickets will be distributed or students admitted to Sunday/Hebrew School unless my/our account is current. I/we further agree that, as a sustaining member of Congregation Beth Ohr, my/our membership and the terms of payment elected in this agreement shall continue in perpetuity until cancelled. Congregation Beth Ohr shall provide me/us with a statement reflecting the coming year's charges after establishment pursuant to the rules and procedures and shall charge my/our cards/accounts (if applicable) in accordance with my/our election. I/we understand that I/we may cancel my/our membership at any time prior to issuance of my/our High Holiday tickets and my/our account shall be billed or refunded as applicable for all charges accrued pro rata from July 1 to the date of cancellation. I/we further understand that after I/we have received my/our High Holiday tickets, no cancellation for the current fiscal year is possible. All balances that are past-due shall incur a late charge equal to 1% per month on the outstanding balance. Further, in the event that any balance remains unpaid, we reserve the right to retain and attorney to engage in collection of said balance. In that event you will be responsible for all reasonable legal fees incurred in this collection activity. Your use of the services offered by Congregation Beth Ohr shall be deemed your acceptance of these terms and conditions. All payments are applied to satisfy arrearages in preference over current obligations.

### PLEASE INDICATE METHOD OF PAYMENT: (INITIAL)

1) PAYMENT IN FULL PRIOR TO ROSH HASHANAH \_\_\_\_\_

2) PAYMENT IN TWO (2) EQUAL ANNUAL INSTALLMENTS DUE:  
FIRST PAYMENT DUE JULY 1st AND SECOND PAYMENT DUE DECEMBER 1st \_\_\_\_\_

3) CREDIT CARD ON FILE AUTHORIZING NINE (9) EQUAL MONTHLY PAYMENTS, COMMENCING JULY 1 2019

\_\_\_\_\_  
Member 1

\_\_\_\_\_  
Member 2

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Approved By Financial VP

\_\_\_\_\_  
Date Approved

---

### (CONFIDENTIAL)

I hereby authorize Congregation Beth Ohr to charge my credit card pursuant to this agreement:

Name on Card \_\_\_\_\_ MC Visa AmEx

Card# \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

One current credit card must be kept on file at the conclusion of the current fiscal year.

Congregation Beth Ohr  
2550 South Centre Street  
Bellmore, New York 11710  
www.cbohr.org  
Fran Oosterom, Principal  
principal@cbohr.org  
516-781-3072 (Office)



## Registration Application 2019-2020 (5780)

PLEASE PRINT CLEARLY THANK YOU

Student Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_  
FIRST LAST

Home Address \_\_\_\_\_  
STREET CITY ZIP

HOME Phone # (\_\_\_\_)\_\_\_\_-\_\_\_\_ (not cell phone numbers)

Date of Birth \_\_\_\_/\_\_\_\_/20\_\_\_\_ Male  Female  Age \_\_\_\_\_

Public School Grade in September 2019? \_\_\_\_\_ School \_\_\_\_\_

List any previously attended Hebrew schools: \_\_\_\_\_

Siblings (Names & Dates of Birth): \_\_\_\_\_

Mother's Name \_\_\_\_\_

**Mother's Cell** Phone # (\_\_\_\_)\_\_\_\_-\_\_\_\_ Mother's Work Phone # (\_\_\_\_)\_\_\_\_-\_\_\_\_

Mother's E-mail Address: \_\_\_\_\_

Father's Name \_\_\_\_\_

**Father's Cell** Phone # (\_\_\_\_)\_\_\_\_-\_\_\_\_ Father's Work Phone # (\_\_\_\_)\_\_\_\_-\_\_\_\_

Father's E-mail Address: \_\_\_\_\_

**Who** should be contacted (**relationship**) on what **phone number** in case of an emergency during Hebrew school hours? \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_

Are you a member of this synagogue? Yes  No  If No, would you like information about membership? Yes  No

PARENT(S) SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ALL INFORMATION MUST BE COMPLETED AND IS STRICTLY CONFIDENTIAL**

Deposit information for OFFICE USE ONLY:

Date Registered: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Hey Class of 20\_\_\_\_ Grade Assignment: \_\_\_\_\_

Other student(s) in family \_\_\_\_\_

Bkpr: \_\_\_\_\_ Main Office \_\_\_\_\_ Hebrew School \_\_\_\_\_ ShulCloud Info

Congregation Beth Ohr  
 2550 South Centre Street  
 Bellmore, New York 11710  
 www.cbohr.org  
 Fran Oosterom, Principal  
 principal@cbohr.org  
 516-781-3072 (Office)



### Carpool and Early Pick-Up Information Form

Student Name \_\_\_\_\_  
FIRST LAST CLASS / GRADE

**Carpool Information is for Regular Dismissal Time ONLY.**

If the office personnel do not recognize the person picking up the child, the person may be asked to provide their identification to verify.

**Please use ONE form for your ENTIRE CARPOOL.**

**My child/ren**      **Are**                      **Are Not**                      **in any carpool**

Names of **children** in your  carpool, Contact #, Class in September 2019:

Name _____	Contact # (____) _____ - _____	Class _____
Name _____	Contact # (____) _____ - _____	Class _____
Name _____	Contact # (____) _____ - _____	Class _____
Name _____	Contact # (____) _____ - _____	Class _____
Name _____	Contact # (____) _____ - _____	Class _____
Name _____	Contact # (____) _____ - _____	Class _____

If another child in your household is part of **another carpool**, please list all those names below:

Name _____	Contact # (____) _____ - _____	Class _____
Name _____	Contact # (____) _____ - _____	Class _____
Name _____	Contact # (____) _____ - _____	Class _____
Name _____	Contact # (____) _____ - _____	Class _____

Please list ALL drivers in your carpool:

Name _____	Name _____
Name _____	Name _____
Name _____	Name _____

**PROCEDURES FOR EARLY PICK-UP:**

Parents must come into the Hebrew School Office to sign out all students for early pick-up. If the office personnel do not recognize the person picking up the child, the person may be asked to provide their identification to verify. Please list the names of ALL persons permitted to pick up your child as an **EARLY PICK-UP**.

Yes  No  **CHECK HERE IF STUDENT CAN BE RELEASED TO ALL DRIVERS IN MY CARPOOL**

Please list who can pick up your child **EARLY**. *This includes babysitters, grandparents, aunts, uncles, older siblings.* If their name is not listed below, you will be contacted by the office before your child will be released.

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____

**Please return this with your registration form. Thank you for your cooperation.**

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## CONGREGATION BETH OHR

### Emergency Contact Form 2019-2020 (5780)

PLEASE PRINT CLEARLY THANK YOU

Student Name \_\_\_\_\_ Class / Grade \_\_\_\_\_  
FIRST LAST

Home Address \_\_\_\_\_  
STREET CITY ZIP

**HOME** Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Preferred E-mail \_\_\_\_\_

Parents Name(s) \_\_\_\_\_

In case of emergency, please call: \_\_\_\_\_

At phone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship to child \_\_\_\_\_

Allergies and/or other medical concerns: \_\_\_\_\_

If your child has a **FARE (Food Allergy Research and Education) Emergency Care Form**, please enclose a copy for the Hebrew School Office Emergency Binder.

Medications taken by your child: \_\_\_\_\_

List any special modifications that your child requires: \_\_\_\_\_

Has your child had any serious illness, injury, surgery or communicable disease in the past year?  
 Yes  No If yes: \_\_\_\_\_

**Full Name of child's doctor:** \_\_\_\_\_

Doctor's telephone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Is your child currently or has your child in the past received any special services in public school?  
 Yes  No If your answer is yes, please specify: \_\_\_\_\_

If there is **anything** else you feel we should know to help your child in Hebrew School, please explain below or on a separate sheet and attach it to this Registration Form.

**This confidential information will enable us to meet your child's needs.**



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## Photo Release Form

Congregation Beth Ohr has my permission to use my or my child's photograph. I understand that the images may be used in print publications, online publications, presentations, websites, and social media only published on Congregation Beth Ohr materials and accounts. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent/Guardian's signature:

\_\_\_\_\_ Date \_\_\_\_\_