

2023 NEW MEMBER 2024 REGISTRATION



CONGREGATION
KOL AMI
FOR ALL OUR PEOPLE

Thank you for joining us as a member. Please fill out this form and return to the office or email it to info@conkolami.org. Todah Rabbah!

For office use only Date Received: _____ Received By: _____

ADULTS — PERSONAL INFORMATION

Adult 1 ☐ Private

Adult 2 ☐ Private

Unless marked private, contact information will be published in our membership directory.

First Name		
Last Name		
Hebrew Name w/Parents*		
Preferred Pronouns		
Street Address		
City, State, ZIP Code		
Home Phone #		
Cell Phone #		
Work Phone #		
Email Address		
Date of Birth		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> Partnership <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> N/A	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> Partnership <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> N/A
Wedding Anniversary		
I am Jewish	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, <input type="checkbox"/> Conservative <input type="checkbox"/> Reform <input type="checkbox"/> Other	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, <input type="checkbox"/> Conservative <input type="checkbox"/> Reform <input type="checkbox"/> Other
Profession/Occupation		
Preferred Communication	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail
Opt Out of Photos Being Published	<input type="checkbox"/> Opt Out	<input type="checkbox"/> Opt Out

DEPENDENT CHILDREN — PERSONAL INFORMATION

Child 1 ☐ Enroll in RSRS

Child 2 ☐ Enroll in RSRS

Child 3 ☐ Enroll in RSRS

Child 4 ☐ Enroll in RSRS

Children's information will not be published in our membership directory.

First Name				
Last Name				
Hebrew Name w/Parents*				
Preferred Pronouns				
Date of Birth				
Grade in 2023 – 24				
Opt Out of Photos Being Published	<input type="checkbox"/> Opt Out	<input type="checkbox"/> Opt Out	<input type="checkbox"/> Opt Out	<input type="checkbox"/> Opt Out

*If you need assistance with your Hebrew name, please contact the Rabbi at rabbi@conkolami.org and he will happily assist you.

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HELP US UNDERSTAND YOU AND YOUR FAMILY BETTER

Why did you join Congregation Kol Ami?

Tell us about your Jewish background:

Yahrzeit Information

English Name	Hebrew Name	Relationship	English or Hebrew Date of Death*
			<input type="checkbox"/> After Sunset
			<input type="checkbox"/> After Sunset
			<input type="checkbox"/> After Sunset
			<input type="checkbox"/> After Sunset
			<input type="checkbox"/> After Sunset
			<input type="checkbox"/> After Sunset
			<input type="checkbox"/> After Sunset

*Please note if time of death was before or after sunset.

MEMBERSHIP TYPE AND DUES

The following membership options and dues are for the 2023 – 24 / 5784 year.

MEMBERSHIP TYPES (please select single or family and one other category)

☐ **Family** (at least one Jewish adult and his/her dependents under the age of 18)

☐ **Single** (a single Jewish adult, 18+, without dependents)

☐ New Member

☐ Age 20 – 29

☐ Age 30 – 34

☐ Full-Time Student

☐ Military Member

☐ K'rov Yisrael (no voting rights)

☐ Dual Member (maintains full-paid membership with another synagogue)

☐ Chavurah B'Yachad

☐ Other URJ or USCJ synagogue: _____

☐ Satellite Member (must live 100 miles or more from the synagogue, no voting rights)

Type of Membership	Family Rate	Single Rate
Regular Membership	\$2,360	\$1,445
New Member (first year only)	\$1,495	\$1,100
Ages 20 – 29	\$865	\$430
Ages 30 – 34	\$1,575	\$970
Full-Time Student	\$315	\$185
Military Member	\$580	\$475
K'rov Yisrael	\$865	\$630
Dual Member with CBY	\$1,575	\$970
Dual Member with another synagogue	\$1,445	\$865
Satellite Member	\$500	\$500

Additional fees: Mortgage Assessment (\$120 per year), Building Maintenance Fee (\$150 per year or one-time \$1,500), and Security Fee (\$125 per year).

2023–24 RELIGIOUS SCHOOL ENROLLMENT



STUDENT INFORMATION

	Student 1	Student 2	Student 3	Student 4
Full Name				
Secular School District				
Are there any academic, behavioral, or emotional needs that may impact student's experience at Religious School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, the RSRS Director will contact you for more information.				
Does the student have any allergies? If yes, please list them.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
We take photos throughout the year, and some photos are published on our website/social media. Do you want to opt out of your student's photo being published?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
All RSRS students are automatically enrolled in KAJY (3rd – 7th grade). Do you want to opt out?	<input type="checkbox"/> Opt Out	<input type="checkbox"/> Opt Out	<input type="checkbox"/> Opt Out	<input type="checkbox"/> Opt Out

PARENT VOLUNTEER SIGN UP

Parent volunteering is essential to the success of the Rafi Schwartz Religious School. It's also a great way to meet other parents and get involved at Kol Ami. **For each student you have in the school, parents are required to volunteer four hours per school year. You may donate \$54 per student in lieu of volunteering.**

Please select all events / programs that you are interested in helping with. You will be contacted with more information. Todah Rabbah!

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> First Day of School Event | <input type="checkbox"/> Grade Shabbatot | <input type="checkbox"/> RSRS Parent Committee | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Pick Up Staff Lunches | <input type="checkbox"/> Mitzvah Day | <input type="checkbox"/> Passover Mock Seder | <input type="checkbox"/> I would like to make a donation of \$54 per student in lieu of volunteering. |
| <input type="checkbox"/> Consecration | <input type="checkbox"/> Teacher Appreciation | <input type="checkbox"/> Substitute Teaching | |
| <input type="checkbox"/> Chanukah Party | <input type="checkbox"/> End of the Year Party | <input type="checkbox"/> Teaching / Tutoring | |
| <input type="checkbox"/> Purim Party | <input type="checkbox"/> Room Parent | <input type="checkbox"/> Baking / Cooking | |

TUITION / FEES

Note: These prices reflect tuition / fees for Kol Ami members for the 2023 – 24 school year.

Grade Level / Program	Name of Student(s)	Tuition	# of Students	Amount Due
Baby & Me* (younger than age 2, once per month)		\$150		\$
Training Wheels* (ages 2 – 3, once per month)		\$175		\$
Yeladim (Pre-K, age 4, one day per week)		\$600		\$
Kindergarten – 2nd Grade (one day per week)		\$785		\$
3rd – 7th Grade (two days per week)		\$835		\$
8th – 10th Grade (one day per week)		\$770		\$
11th – 12th Grade (once per month)		\$200		\$
B'nai Mitzvah Fee (billed 12 months prior to B'nai Mitzvah)		\$850		\$
8th & 9th Grade Trip Deposit (refundable by Feb. 1st)		\$75		\$
10th Grade Trip Deposit (refundable by Dec. 1st)		\$200		\$
KAJY (3rd – 7th Grade)		\$75		\$

Scholarship Requested (subject to approval, scholarship forms must be submitted by August 1, 2023)	– \$
Bunk Fox Scholarship (available to all students except Training Wheels or Baby & Me, 25% off tuition only)	– \$
Donation to the RS Scholarship Fund	\$
Donation to the RS Bunk Fox Scholarship Fund	\$
Donation to the RS High Holiday Appeal	\$

*Synagogue membership not required.

TOTAL DUE \$

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PAYMENT CALCULATIONS

All payments must be completed on or before June 30, 2024.

Description	Amount \$	Total Amount \$
Membership Dues (based on selected membership type on page 2)		
Mortgage Assessment (yearly fee)	\$120	
Building Maintenance Fee (\$150 per year or one time \$1,500)	\$150	
Security Fee (yearly fee)	\$125	
Religious School Tuition (see Total Due from Tuition / Fees on page 3)		
Synagogue Adult Clubs <input type="checkbox"/> Rosh Chodesh Women's Group <input type="checkbox"/> Kol Amigos	\$36 each	
Donation to help a family who is unable to afford dues		
High Holiday Appeal for 5784 <input type="checkbox"/> General Fund <input type="checkbox"/> Religious School		

MEMBER PAYMENT AGREEMENT

In order to receive High Holiday tickets and to help ensure Congregation Kol Ami's continued fiscal stability and assist members to budget accordingly, I agree to pay my balance on the following terms below:

- ☐ Pay In Full
- ☐ Pay in monthly installments
- ☐ Pay in quarterly installments
- ☐ Other (must be approved in advance by Danny Burman or Rabbi Samuel L. Spector)

GRAND TOTAL \$

☐ **Opt-out** of including the 3% credit card convenience fee

PAYMENT INFORMATION

Member Signature: _____ **Date (MM/DD/YY):** _____

This signature affirms that I will make payments as noted above, and if I selected a credit card payment, I authorize Congregation Kol Ami to charge my credit card (listed below) for any outstanding balances per the selected payment frequency. Furthermore, this signature affirms my continuing membership in Congregation Kol Ami. My membership will be auto-renewed and Congregation Kol Ami will bill me each fiscal year (July 1st – June 30th) and it is my responsibility to notify the synagogue if I wish to end my membership or change my payment method. Per this agreement, I am responsible for paying all dues up to the date I cancel my membership. Members will be notified about changes in membership dues.

Full Name (Print): _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Email: _____ Phone Number: _____

☐ **Cash** ☐ **Check** (payable to Congregation Kol Ami) ☐ **Credit Card** ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express
☐ Include 3% Convenience Fee (to cover credit card costs)

Card Number: _____

Expiration Date (MM/YY): _____ Security Code (3 or 4 digits): _____

Cardholder Signature: _____ Date (MM/DD/YY): _____

☐ **I would like to receive a confidential application for dues reduction and/or Religious School scholarship**

SUBMIT FORM
OR EMAIL TO INFO@CONKOLAMI.ORG