

Beth Chaim Reform Congregation – Membership Profile 2011-2012 (5772)

First Adult

Name _____ Employer/Occupation _____

E-Mail Address _____ May we publish in the directory (Y/N)? _____

Daytime/Work Phone _____ Cell Phone _____

Religious Background/Affiliations _____ Birth Date _____

Second Adult

Name _____ Employer/ Occupation _____

E-Mail Address _____ May we publish in the directory (Y/N)? _____

Daytime/Work Phone _____ Cell Phone _____

Religious Background/Affiliations _____ Birth Date _____

Wedding Anniversary Date: _____

Communication

In addition to our mailed newsletter, would you like to receive an abbreviated version via e-mail? (Y/N) _____

If you are not paying your dues and other fees in full, or have subsequent bills for special items, would you prefer to receive statements via e-mail or through the US Postal Service? _____

Children

Name	Birthdate	Grade (As of 9/2011)	Relationship	Religious School *	Conf Class*	B’Nai Mitzvah*	Playgroup*

* Please indicate enrollment by checking the appropriate box(es)

Yahrzeits

Name	Date	Remembered By	Relationship

*Note: the year 1900 indicates the year of death is unknown to Beth Chaim. The same applies if the date is indicated as the first of a month, in the year 1900, then only the month is known.

Publicity

I hereby give my permission to have photos of my child/children included in Congregational brochures and promotional materials during the coming year. ___yes ___no

Signature

Date

Beth Chaim Reform Congregation – Membership Interests 2011-2012 (5772)

We rely heavily on member participation and strongly encourage members to participate in synagogue and religious school activities. We now have the ability to track interest by individual rather than by family. Please indicate your willingness to volunteer by writing A1 or A2 next to your area(s) of interest.

Member Name (Adult 1): _____

Member Name (Adult 2): _____

Administrative

- | | |
|--|--|
| _____ Board of Directors | _____ Finance/Budget |
| _____ Membership | _____ Major Fundraising/Capital Campaign |
| _____ Strategic Marketing/Communications | _____ Kitchen Committee |
| _____ - Newsletter | _____ Temple Historian |
| _____ - Web Site/Technology | _____ Building Maint/Mgmt |
| _____ - Public Relations/Advertising | _____ Gardening/Planting/Grounds Maint. |
| _____ Gala - Annual Fundraiser | _____ Interior/Exterior Design |

Religious and Holidays

- | | |
|---|-----------------------------------|
| _____ Ritual | _____ Passover Second Night Seder |
| _____ High Holidays (setup/parking, etc.) | _____ Choir |
| _____ High Holidays Break the Fast | |

Education

- _____ Adult Education
- _____ Religious School – Teaching/Sub
- _____ Playgroup

Religious School Committees and Assistance (please see separate form)

Social

- | | |
|---------------------------------|------------------|
| _____ Oneg Shabbat Coordination | _____ Men's Club |
| _____ Adult Social Activities | _____ Sisterhood |
| _____ Baby Boomers Club | |

Service

- | | |
|---------------------|------------------------|
| _____ Social Action | _____ Caring Community |
|---------------------|------------------------|

Other

Please Describe _____

BETH CHAIM RELIGIOUS SCHOOL (incl. Confirmation)

Religious School Enrollment Form 2011-2012 School Year (5772)

Student's Name	Hebrew Name	Secular School Grade (Sept '11)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parents' Names: _____

E-mail(s) for Religious School Announcements: _____

Name of someone other than parents to call in case of an emergency:

Name: _____ Tel. Number: _____ Relationship: _____

Name: _____ Tel. Number: _____ Relationship: _____

People authorized to pick up your child(ren): _____

Allergies and other health problems: (Please include food allergies as it may affect your child's participation in snacks and/or parties): _____

I authorize Beth Chaim to transport my child(ren) for religious school field trips.

Parent Signature

Date

Release Statement

I authorize representatives of Beth Chaim Reform Congregation to arrange for any necessary emergency medical treatment that my child may require while attending Beth Chaim Religious School or any of its activities. I understand that payment for any such treatment will be my responsibility. I authorize medical personnel and facilities chosen by Beth Chaim Reform Congregation to perform any such treatment that my child may require. I agree to hold Beth Chaim Religious School, Beth Chaim Congregation, its members, its officers, its employees, and its Board of Directors harmless from any liability for arranging emergency medical treatment which my child may require while attending Beth Chaim Religious School or any of its activities.

Parent signature

Date

Insurance Information : _____

Please note: Religious school is open only to members of Beth Chaim Reform Congregation. If you have an outstanding tuition amount due Beth Chaim for prior years, the balance due must be paid in full prior to beginning the current school year. For the current fiscal year ending June 30, 2012, if you have elected to pay Beth Chaim in equal payments, the initial payment due September 2, 2011, must be paid prior to commencing the religious school year.

Derech Eretz – Respect for People and Property

We are guests in the various spaces that we use for Religious School and worship. As a member of the congregation and a student in the Religious School, I will respect people and property. I acknowledge that I am responsible for any damage that I may cause. I am aware that my behavior reflects upon myself and my religious community, and I will behave in an appropriate manner.

Signature of Parent

Signatures of Student(s)