

We are very pleased that you have chosen to join the Congregation Beth Shalom family.

Please help by providing all of the requested information, clearly printed,

Adults

	Adult 1	Adult 2
Last name/first name		
Hebrew name (If applicable)		
Gender		
Date of Birth		
Home address		
Home phone		
Mobile phone		
Work phone		
May we call you at work?		
Email		
Marital status		
Subdivision		
Employer		

Children

	Child 1	Child 2	Child 3	Child 4
Last name/first name				
Hebrew name (If Applicable)				
Gender				
Date of birth				
Secular school				
Secular grade				
Bar/bat mitzvah date				
Confirmation year				

Yahrzeit Observances

Name of deceased	Hebrew name	Date of death (secular calendar)	Date of death (Jewish calendar)	Before or after sundown?

Directory Listing

Congregation Beth Shalom publishes an annual member directory. The following information is published by default:

- Adult first and last names
- Children first and last names
- Street address
- Home phone
- Adult email addresses

However, you have the option to have all or some of your personal information omitted from your directory listing. Please indicate what information you would like to include/omit from your directory listing:

- Do not include my family in the directory
- Do not list my children
- Do not list my home address
- Do not list my email address

Last name(s) to be listed in the directory: _____

Member Name: _____

Your financial commitment to the Synagogue consists of your Community Membership Pledge (or “dues”), any applicable school tuition fees and b’nai mitzvah fees, and your building fund commitment. Your generosity supports the many programs and services that make our Synagogue a thriving place of prayer, learning and community for your family and for future generations.

Note: *It is the philosophy and policy of Congregation Beth Shalom that no family be denied membership due to their inability to pledge at the minimum level or pay fees. If you find that pledging the minimum amount or the payment of fees would be a hardship, you must complete the enclosed **Pledge Adjustment Form** and return it with your membership renewal forms.* We do ask that all families contribute some amount of Community Membership Pledge to support the Synagogue. The treasurer or an assistant treasurer may contact you to discuss the amount of your adjustment.

Community Membership Pledge

Community Membership Pledges represent a substantial portion of our annual income. The **base amount** of your Community Membership Pledge is based on the total adjusted gross income in 2015 of all adult members in your household, as reported on line 37 of your federal income tax return Form 1040. The schedule of pledge amounts is included below in the table “*Community Membership Pledge Guidelines*”. You may choose to pledge a reduced amount if you are a first year member, or if the oldest member of your household is age 30 or under, as described below under the “*Community Membership Pledge Guidelines*” table.

Community Membership Pledge Guidelines	
<i>Adjusted Gross Income (based on line 37 of Federal Tax Form 1040)</i>	<i>2016-2017 pledge</i>
Less than \$40,000	<i>Minimum pledge</i> → \$1,200
\$40,000 to \$80,000	\$1,800
\$80,000 to \$120,000	\$2,250
\$120,000 to \$160,000	\$3,000
\$160,000 to \$200,000	\$3,750
Over \$200,000	\$4,500

Optional First Year Member Discount: First year members may, if they wish, pledge 50% of the amount specified above.

Optional Young Member Pledge: If the oldest adult family member is age 30 or under, you may, if you wish, pledge a reduced amount of \$600. Note that this cannot be combined with the 50% first year member discount.

Your Community Membership Pledge for 2016-2017 (insert this amount in Line A of Pledge Summary Page below)	\$ _____
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Member Name: _____

School Tuition for 2016-2017 Religious School Year

	# children	Cost per child (Before 6/30)	Cost per child (After 6/30)	Total
Prek-2 nd Grade	_____	\$430	\$455	\$ _____
3 rd – 6 th Grades	_____	\$555	\$580	\$ _____
7 th – 10 th Grades	_____	\$460	\$485	\$ _____
Dine and Discuss	_____	\$275	\$300	\$ _____
Tuition Sub-total				\$ _____
<u>Discounts</u>				
Multi-family (You may deduct \$20 from the tuition amount for each child enrolled AFTER the first child)				- \$ _____
Student member (\$36 off of Dine and Discuss if you have purchased a student membership)				- \$ _____
Total Tuition for 2016 - 2017 (insert this amount in Line B of Pledge Summary Page below)				\$ _____

B'nai Mitzvah Fees

B'nai Mitzvah Fees Remaining Unpaid	\$ _____
B'nai Mitzvah fees to be paid in 2016-2017 (insert this amount in Line C of Pledge Summary Page below)	\$ _____
<i>Please note: All B'nai Mitzvah fees must be paid 90 days before B'nai Mitzvah Date.</i>	

Building Fund Pledge

Building Fund Due in 2016-2017	\$ _____
Building Fund Past due from prior years	\$ _____
Total Building Pledge for 2016-2017 (insert this amount in Line D of Pledge Summary Page below)	\$ _____

Member Name: _____

Pledge Summary

A.	Community Membership Pledge for 2016-2017	\$ _____
B.	Total Religious School Tuition for 2016-2017	\$ _____
C.	B'nai Mitzvah Fees for 2016-2017	\$ _____
D.	Building Fund Pledge for 2016-2017	\$ _____
E.	Total Pledge and Fees for 2016-2017	\$ _____

Payment Plans

- One payment of total amount - due by July 7, 2016.
- Payments by month (7th of each month after forms are due)
- Payments by quarter (7/7/16, 10/7/16, 1/7/17, 4/7/17)
- One payment by stock - please contact the Treasurer for details.

Payment Options

- Payment by check – **First payment must be included with membership forms**

IMPORTANT: WE DO NOT RETAIN CREDIT CARD AND BANK ACCOUNT INFORMATION YEAR TO YEAR. IF YOU CHOOSE TO PAY BY CREDIT CARD OR AUTOMATIC WITHDRAWAL, PLEASE PROVIDE YOUR PAYMENT INFORMATION BELOW.

- Automatic payment by credit card: Visa MasterCard Discover Card

Credit card # _____ Exp. _____

Name on card _____ CCV _____

- Automatic bank account withdrawal: **PLEASE ATTACH A VOIDED CHECK**

Note: payments by credit card or bank account withdrawal will be increased by the amount of bank fees charged to CBS for such payments.

Confirmation of pledge:

My signature indicates my commitment to provide Congregation Beth Shalom financial support as indicated in the manner specified above.

Signature _____ Date _____



CONFIDENTIAL PLEDGE ADJUSTMENT STATEMENT

This form must accompany any Community Membership Pledge below \$1200 and any request for reduced Religious School Tuition.

Congregation Beth Shalom does not deny membership and full participation to anyone due to inability to pledge the minimum Community Membership Commitment or to pay other specified fees. **If you are seeking an adjustment to your Community Membership Pledge or Religious School Tuition, this form is required and must accompany your renewal paperwork, even if you have sought and received an adjustment in prior years.** The Treasurer or an Assistant Treasurer may contact you to review this form.

I (we) _____ ,
Name(s)

request that our total Community Membership Pledge and Religious School Tuition for the 2016 - 2017 fiscal year be: \$_____ (not less than \$100).

To complete your Membership Renewal Form, take the amount you inserted above and divide it as you would like it allocated between your Community Membership Pledge (Line A on the Pledge Summary) and Religious School Tuition (Line B on the Pledge Summary). In order to support the mission of our congregation, we ask members requesting adjustments to allocate **at least \$100** to their Community Membership Pledge. **No portion of this pledge will be allocated to or reduce any b'nai mitzvah fees or your building fund commitment.** Any request to reduce b'nai mitzvah fees or building fund commitment must be separately discussed with the Treasurer or an Assistant Treasurer.

Reason: _____

I (we) understand that this request for an adjustment applies only to the 2016-2017 year and is temporary. As my (our) financial circumstances change, we agree to contact the Treasurer or an Assistant Treasurer to adjust our pledge.

Signature: _____ Date: _____

Signature: _____ Date: _____

This confidential form should be included with all your renewal documents, in a separate envelope marked "Attention: Treasurer".

Congregation Beth Shalom Religious School Registration Form

Entire Form Must Be Completed in Full for Your Child to be Enrolled in School

Student and Contact Information (Please Update Information Below and Fill-in Where Needed)

Student's Last Name: _____ First Name: _____ Hebrew Name: _____

Gender: _____ Birthdate: _____ Current Age: _____

Grade in Hebrew school: _____ Grade in Secular school- Fall 2016: _____ Name of Secular school: _____

Student's Primary Street Address: _____ Subdivision: _____

If student resides at more than one residence, please explain. _____

Any custody issues we should know about? Yes No If yes, please explain. _____

Can we use pictures of your student on the website and/or in the newspaper? Yes No

Child resides with _____ Mother _____ Father _____ Both _____ Other _____

1. _____

2. _____

E-mail: _____

E-mail _____

Home: _____

Home: _____

Work: _____

Work: _____

Cell: _____

Cell: _____

Other: _____

Other: _____

Address if different from the student's: _____

Important Medical Information About Your Child

Physician's Name: _____ Telephone Number: _____

Insurance company: _____ Plan/Group#: _____ Policy#: _____

Emergency Contact Information:

Should my child become ill and a parent/guardian cannot be reached, please notify one of the following people as authorized to pick up my child. If there should be an emergency, the following people are authorized to pick up my child:

Name: _____ Relationship to child: _____

Emergency Phone Number _____ Alternate Phone Number: _____

Name: _____ Relationship to child: _____

Emergency Phone Number _____ Alternate Phone Number: _____

Please Fill-in Below - It is important for us to have up-to-date information to meet any needs your child may have.

Please list any allergies, medications or health issues we should be aware of _____

Permission for Emergency Treatment

Congregation Beth Shalom Religious School and its representatives have my permission, in an emergency when my physician or I cannot be contacted, to administer care and treatment for my child for illness or injuries. The CBS representative may secure medical treatment for my child in a medical emergency if, in his/her best judgment, further delay might jeopardize the welfare of my child. I agree to release and hold harmless CBS and its representatives for administering or authorizing the administration of medical care to my child, providing they are following my written instructions on this Permission Form or are making a good faith attempt to provide for the welfare of my child in an emergency. I give permission to CBS and its representatives to release pertinent medical information from my child's medical file in order to facilitate medical care.

Signature of Parent or Guardian

Date

Please contact the Religious School if your child develops any serious health problems during the year or if any contact information changes.

Special Issues: In order to effectively plan and maximize your child's opportunities for success in Religious School please complete the information below.

Does your child have any learning difficulties that require support within a school environment? _____yes _____no

Is your child receiving services under a 504 plan, an IEP, a problem solving plan or other formal education plans? _____yes _____no

If so, please provide a current copy of the above plan to the Education Director with registration forms.

Is your child currently being tutored? _____yes _____no What subject? _____

Does your child read English ___at grade level ___above grade level ___below grade level

Does your child have difficulty participating in group activities? _____yes _____no

On an additional page, please explain any "yes" answers above.

Please include any additional information that you feel would assist us in making this year a better learning experience for your child.

Policy Acknowledgement Form – 2015-2016 School Year

Several important changes have been made to our policies to improve the learning, safety, security and health of our students. These changes may be found in the Parent Manual. In order to indicate your understanding of the following Religious School policies, parents are required to initial in the spaces provided and sign below. This form must be returned with your Religious School registration packet. Thank you for your cooperation.

ATTENDANCE POLICY--- The relationship between a religious school and its students represents a covenant between the teachers, the parents and their children. It represents a commitment to their community and classmates. Regular class attendance is vital toward building both Jewish knowledge and connection to the community. Attendance is required on a regular basis.

When a student's attendance begins to fall below an acceptable level, the parent(s), teacher, student and Education Director will meet to review the child's progress and discuss ways in which the child can meet the school's standards. This discussion will include a review of future attendance obligation. While individual cases vary, this conference will be required no later than when a student's attendance rate falls below 75% over a three month period.

Improvements in attendance must be immediate, and will be formally assessed again a month after the first conference. Should a student's attendance continue to decline, or if he/she fails to meet the future attendance requirements established in the first conference, then a second conference will occur. At this point, a determination may be made whether the student can adequately continue their progress towards grade completion.

_____ (please initial)

SNACK POLICY---Children will be prohibited from bringing any food items other than water bottles into the Synagogue for religious school. This policy has been adopted due to allergy issues, kashrut observance, and to improve classroom management.

_____ (please initial)

SECURE DROP-OFF/PICK-UP POLICY---Children who are being dropped off for religious school must enter the front door only. Parents wishing to escort their children into the building must park in the parking lot and then enter the building with their child(ren) through the front door. **Due to updated security policies, lobby doors are locked. To enter the building, please ring the bell in the foyer.** Parents wishing to enter the building to pick up their child(ren) must park in the parking lot and enter the building through the front door only. Children not being escorted out of the building with their parent will exit through the **back door only**. Parents will not be permitted to enter the building from the back door. Please observe the one-way traffic directions as posted. This policy is based on the recommendations of the Naperville Police Department and is designed solely to help ensure the safety and security of your child(ren).

_____ (please initial)

I and my child will follow the policies set forth in the CBS student handbook/Parent Manual.

Parent Signature _____ Date _____

Parent Name (Please Print) _____