



# Children Information

## Child One

First \_\_\_\_\_

Middle \_\_\_\_\_

Last \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Hebrew Birthdate \_\_\_\_\_

Grade \_\_\_\_\_

Applied/Admitted to:

Beth Shalom Rose Family Early

Childhood Education Center

Polsky Religious School

Hyman Brand Hebrew Academy

## Child Two

First \_\_\_\_\_

Middle \_\_\_\_\_

Last \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Hebrew Birthdate \_\_\_\_\_

Grade \_\_\_\_\_

Applied/Admitted to:

Beth Shalom Rose Family Early

Childhood Education Center

Polsky Religious School

Hyman Brand Hebrew Academy

## Child Three

First \_\_\_\_\_

Middle \_\_\_\_\_

Last \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Hebrew Birthdate \_\_\_\_\_

Grade \_\_\_\_\_

Applied/Admitted to:

Beth Shalom Rose Family Early

Childhood Education Center

Polsky Religious School

Hyman Brand Hebrew Academy

## Child Four

First \_\_\_\_\_

Middle \_\_\_\_\_

Last \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Hebrew Birthdate \_\_\_\_\_

Grade \_\_\_\_\_

Applied/Admitted to:

Beth Shalom Rose Family Early

Childhood Education Center

Polsky Religious School

Hyman Brand Hebrew Academy

*For additional children, please attach a supplemental page.*

# Relationships

Do you have any relatives or friends who are current Congregation Beth Shalom members?  Yes  No **If Yes, please list:**

## Relationship One

First \_\_\_\_\_

Last \_\_\_\_\_

Relationship: \_\_\_\_\_

## Relationship Two

First \_\_\_\_\_

Last \_\_\_\_\_

Relationship: \_\_\_\_\_

## Relationship Three

First \_\_\_\_\_

Last \_\_\_\_\_

Relationship: \_\_\_\_\_

## Relationship Four

First \_\_\_\_\_

Last \_\_\_\_\_

Relationship: \_\_\_\_\_

# Yahrzeit Information

If you have any yahrzeit(s) to commemorate, please fill in this information:

## Yahrzeit

First \_\_\_\_\_

Last \_\_\_\_\_

Hebrew Name \_\_\_\_\_

## Yahrzeit

First \_\_\_\_\_

Last \_\_\_\_\_

Hebrew Name \_\_\_\_\_

## Yahrzeit

First \_\_\_\_\_

Last \_\_\_\_\_

Hebrew Name \_\_\_\_\_

## Yahrzeit

First \_\_\_\_\_

Last \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Date of Death:  
(mm/dd/yyyy) \_\_\_\_\_

Date of Death:  
(mm/dd/yyyy) \_\_\_\_\_

Date of Death:  
(mm/dd/yyyy) \_\_\_\_\_

Date of Death:  
(mm/dd/yyyy) \_\_\_\_\_

Before or  
After Sunset: \_\_\_\_\_

Before or  
After Sunset: \_\_\_\_\_

Before or  
After Sunset: \_\_\_\_\_

Before or  
After Sunset: \_\_\_\_\_

We will send you a reminder prior to the date. The name of your beloved will be read during the Shabbat service prior to the yahrzeit.

Check this box if you are interested in a memorial yahrzeit plaque to honor the sacred memory of your loved one. A member of the synagogue will contact you with details.

## Community Involvement and Ritual Information

What are your reasons for joining Congregation Beth Shalom?

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There are a variety of roles available at Congregation Beth Shalom. Please indicate your interests below if you would like more information about getting involved:

### Member One

- Committee Member
- Holiday/Festival Observance
- Community Outreach/Marketing
- High Holy Day Torah Reading
- Fundraising & Development
- Lead Services/Aliyah or Honor on Bima
- Shabbat Torah Reading
- Event/Program
- Polsky Religious School/Rose Family Early Childhood Development Center
- Shabbat Services Greeter
- Men's Club
- Sisterhood

Please highlight any special talents, skills, or interests that you would like to share

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Please highlight any special talents, skills, or interests that you would like to share

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