



Welcome to Our Synagogue Family!

FAMILY INFORMATION

Adult 1

<input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH	<input type="checkbox"/> Jewish by birth <input type="checkbox"/> Jewish by choice <input type="checkbox"/> Not Jewish	
TITLE	FIRST NAME	LAST NAME		NICKNAME (IF APPLICABLE)
STREET ADDRESS				
CITY			STATE	ZIP
HOME PHONE		WORK PHONE		CELL PHONE
EMAIL ADDRESS				
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married Anniversary Date (if applicable) _____ <input type="checkbox"/> Partnered <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
BUSINESS NAME			OCCUPATION	
BUSINESS ADDRESS			STATE	ZIP
Jewish Talents: <input type="checkbox"/> Teach Hebrew <input type="checkbox"/> Sing in Choir <input type="checkbox"/> Lead Services <input type="checkbox"/> Chant Torah <input type="checkbox"/> Chant Haftarah				
Name and City of Previous Congregation (if applicable)				
<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Orthodox <input type="checkbox"/> Other <input type="checkbox"/> Held lay leadership position?				

Adult 2 (if applicable)

<input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH	<input type="checkbox"/> Jewish by birth <input type="checkbox"/> Jewish by choice <input type="checkbox"/> Not Jewish	
TITLE	FIRST NAME	LAST NAME		NICKNAME (IF APPLICABLE)
STREET ADDRESS				
CITY			STATE	ZIP
HOME PHONE		WORK PHONE		CELL PHONE
EMAIL ADDRESS				
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married Anniversary Date (if applicable) _____ <input type="checkbox"/> Partnered <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
BUSINESS NAME			OCCUPATION	
BUSINESS ADDRESS			STATE	ZIP
Jewish Talents: <input type="checkbox"/> Teach Hebrew <input type="checkbox"/> Sing in Choir <input type="checkbox"/> Lead Services <input type="checkbox"/> Chant Torah <input type="checkbox"/> Chant Haftarah				
Name and City of Previous Congregation (if applicable)				
<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Orthodox <input type="checkbox"/> Other <input type="checkbox"/> Held lay leadership position?				

FAMILY INFORMATION *(continued)*

Child(ren)'s Information (if applicable)

CHILD 1	<input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	HEBREW NAME (IF KNOWN)	GRADE AS OF THIS COMING SEPTEMBER
FIRST NAME		LAST NAME		
FOR OFFICE USE ONLY: CHILD 1				
TCS ECC		<input type="checkbox"/> Now attending <input type="checkbox"/> Has attended <input type="checkbox"/> Will attend	TCS RS <input type="checkbox"/> Now attending <input type="checkbox"/> Has attended <input type="checkbox"/> Will attend	
CHILD 2	<input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	HEBREW NAME (IF KNOWN)	GRADE AS OF THIS COMING SEPTEMBER
FIRST NAME		LAST NAME		
FOR OFFICE USE ONLY: CHILD 2				
TCS ECC		<input type="checkbox"/> Now attending <input type="checkbox"/> Has attended <input type="checkbox"/> Will attend	TCS RS <input type="checkbox"/> Now attending <input type="checkbox"/> Has attended <input type="checkbox"/> Will attend	
CHILD 3	<input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	HEBREW NAME (IF KNOWN)	GRADE AS OF THIS COMING SEPTEMBER
FIRST NAME		LAST NAME		
FOR OFFICE USE ONLY: CHILD 3				
TCS ECC		<input type="checkbox"/> Now attending <input type="checkbox"/> Has attended <input type="checkbox"/> Will attend	TCS RS <input type="checkbox"/> Now attending <input type="checkbox"/> Has attended <input type="checkbox"/> Will attend	
CHILD 4	<input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	HEBREW NAME (IF KNOWN)	GRADE AS OF THIS COMING SEPTEMBER
FIRST NAME		LAST NAME		
FOR OFFICE USE ONLY: CHILD 4				
TCS ECC		<input type="checkbox"/> Now attending <input type="checkbox"/> Has attended <input type="checkbox"/> Will attend	TCS RS <input type="checkbox"/> Now attending <input type="checkbox"/> Has attended <input type="checkbox"/> Will attend	

PLEASE LIST ANY RELATIVES OR CLOSE FRIENDS IN OUR CONGREGATION AND THEIR RELATIONSHIP TO YOU

YAHARZEITS

Each household may acknowledge the anniversaries of relatives' deaths, using either the Hebrew or English calendar. You will receive a reminder of when to light a memorial candle for your loved one, and when his/her name will be read during the corresponding Shabbat service. Jewish and non-Jewish relatives may be honored. Please continue on the back page if necessary.

Which calendar do you choose to observe? Hebrew date English Date

NAME OF DECEASED	DATE OF DEATH (MUST INCLUDE YEAR)
RELATIONSHIP (TO WHICH MEMBER)	<input type="checkbox"/> Before Sundown <input type="checkbox"/> After Sundown
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RELATIONSHIP (TO WHICH MEMBER)	<input type="checkbox"/> Before Sundown <input type="checkbox"/> After Sundown

TALENTS / SKILLS / INTERESTS

Adult 1

What are your passions? What are your interests?

- Adult Learning
- Art (viewing and/or creating)
- Board Games
- Bowling
- Bridge
- Brotherhood
- Calligraphy
- Camping
- Carpentry
- Chaverim* (active seniors group)
- College Parents
- Computer Graphics
- Cooking/Baking
- Crafts
- Cycling
- Dancing/Israeli Dancing
- Delivering food to those in need
- Driving those in need
- Early Childhood Parenting
- Event/Party Planning
- Exercise
- Films/Movies
- Fundraising
- Gardening
- Golf
- Guitar
- Hiking
- Knitting/Crocheting
- Library/Book Clubs
- Mah Jongg
- Marketing & Communications
- Mitzvah Corps
- Music/Singing/Band
- Photography
- Religious Living
- Religious School Parents
- Retail/Judaica Shop
- Sewing/Needlework/Quilting
- Sisterhood
- Skiing
- Social Action (*Tikkun Olam*)
- Social Media
- Sports – Playing/Coaching
- Theatre
- Travel
- Tutoring Children
- Videography
- Visiting with the Elderly
- Volunteering – as needed
- Welcoming New Members
- Writing/Editing
- Youth Groups
- Other _____

Adult 2 (if applicable)

What are your passions? What are your interests?

- Adult Learning
- Art (viewing and/or creating)
- Board Games
- Bowling
- Bridge
- Brotherhood
- Calligraphy
- Camping
- Carpentry
- Chaverim* (active seniors group)
- College Parents
- Computer Graphics
- Cooking/Baking
- Crafts
- Cycling
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- Volunteering – as needed
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- Writing/Editing
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- Other _____

WE LOOK FORWARD TO CONNECTING WITH YOU

Is there anything else you would like us to know?

YAHARZEITS *(continued)*

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RELATIONSHIP (TO WHICH MEMBER)	<input type="checkbox"/> Before Sundown <input type="checkbox"/> After Sundown
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NAME OF DECEASED	DATE OF DEATH (MUST INCLUDE YEAR)
RELATIONSHIP (TO WHICH MEMBER)	<input type="checkbox"/> Before Sundown <input type="checkbox"/> After Sundown

Adult 1 Signature _____ Date _____

Adult 2 (if applicable) Signature _____ Date _____

