



Temple Sholom

Welcoming Everyone

Adult #1

Title:_____ First Name:_____ Last Name:_____

Hebrew Name (e.g., David ben Yaacov v Rivka, or Miriam bat Yaacov v Rivka):_____

Home Address:_____

Home Phone:_____ Cell Phone:_____

Occupation:_____ Business Phone:_____

Best Time to reach you: ☐ Daytime ☐ Evening

Email Address:_____ Date of Birth: ____/____/____

Check term that is applicable:

☐ Jewish by Birth (If yes, please indicate:) ☐ Kohen ☐ Levite ☐ Israelite

☐ Converted to Judaism: Date converted:_____ By whom:_____

☐ Not Jewish

Did you have a Bar/Bat Mitzvah? ☐ Yes ☐ No

Can you read Hebrew? ☐ Yes ☐ No

At Temple Sholom, we believe in being welcoming and inclusive of everyone. If you feel comfortable, please check any of the following identifiers with which you associate:

☐ Autism ☐ Special Needs ☐ LGBTQIA ☐ Other unique needs:_____

Adult #2

Title:_____ First Name:_____ Last Name:_____

Hebrew Name (e.g., David ben Yaacov v Rivka, or Miriam bat Yaacov v Rivka):_____

Cell Phone:_____

Occupation:_____ Business Phone:_____

Best Time to reach you: ☐ Daytime ☐ Evening

Email Address:_____ Date of Birth: ____/____/____

Check term that is applicable:

☐ Jewish By Birth (If yes, please indicate:) ☐ Kohen ☐ Levite ☐ Israelite

☐ Converted to Judaism: Date converted:_____ By whom:_____

☐ Not Jewish

Did you have a Bar/Bat Mitzvah? ☐ Yes ☐ No

Can you read Hebrew? ☐ Yes ☐ No

At Temple Sholom, we believe in being welcoming and inclusive of everyone. If you feel comfortable, please check any of the following identifiers with which you associate:

☐ Autism ☐ Special Needs ☐ LGBTQIA ☐ Other unique needs:_____

Marital Status: ☐ Married (Anniversary Date:_____)

☐ Divorced ☐ Widowed

☐ Civil Union (Anniversary Date:_____)

☐ Cohabiting

Child #1:

First Name: _____ Last Name: _____ Hebrew Name: _____

Date of Birth: ____/____/____ Sex: ☐ Male ☐ Female ☐ Non-binary

Email Address _____

Is child enrolled in Temple Sholom:

☐ Preschool Place & Kindergarten ☐ Religious School → SPECIFY GRADE: _____Check Applicable Classification: ☐ Jewish by Birth ☐ Not Jewish☐ Converted to Judaism: Date converted: _____ By whom: _____

If you feel comfortable, please check any of the following identifiers that apply:

☐ Autism ☐ Special Needs ☐ LGBTQIA ☐ Other unique needs: _____**Child #2:**

First Name: _____ Last Name: _____ Hebrew Name: _____

Date of Birth: ____/____/____ Sex: ☐ Male ☐ Female ☐ Non-binary

Email Address _____

Is child enrolled in Temple Sholom:

☐ Preschool Place & Kindergarten ☐ Religious School → SPECIFY GRADE: _____Check Applicable Classification: ☐ Jewish by Birth ☐ Not Jewish☐ Converted to Judaism: Date converted: _____ By whom: _____

If you feel comfortable, please check any of the following identifiers that apply:

☐ Autism ☐ Special Needs ☐ LGBTQIA ☐ Other unique needs: _____**Child #3:**

First Name: _____ Last Name: _____ Hebrew Name: _____

Date of Birth: ____/____/____ Sex: ☐ Male ☐ Female ☐ Non-binary

Email Address _____

Is child enrolled in Temple Sholom:

☐ Preschool Place & Kindergarten ☐ Religious School → SPECIFY GRADE: _____Check Applicable Classification: ☐ Jewish by Birth ☐ Not Jewish☐ Converted to Judaism: Date converted: _____ By whom: _____

If you feel comfortable, please check any of the following identifiers that apply:

☐ Autism ☐ Special Needs ☐ LGBTQIA ☐ Other unique needs: _____**Child #4:**

First Name: _____ Last Name: _____ Hebrew Name: _____

Date of Birth: ____/____/____ Sex: ☐ Male ☐ Female ☐ Non-binary

Email Address _____

Is child enrolled in Temple Sholom:

☐ Preschool Place & Kindergarten ☐ Religious School → SPECIFY GRADE: _____Check Applicable Classification: ☐ Jewish by Birth ☐ Not Jewish☐ Converted to Judaism: Date converted: _____ By whom: _____

If you feel comfortable, please check any of the following identifiers that apply:

☐ Autism ☐ Special Needs ☐ LGBTQIA ☐ Other unique needs: _____

Additional Information:

A Yahrzeit is the commemoration of a loved one who has passed away.

PLEASE LIST ALL Yahrzeits you'd like to be read by the service leader at Temple Shalom on the anniversary of passing of your loved one.

1. Name: _____ Relationship: _____
Date of Passing: ____/____/____
Time of Passing: _____ (SPECIFY BEFORE OR AFTER SUNDOWN, if known)
2. Name: _____ Relationship: _____
Date of Passing: ____/____/____
Time of Passing: _____ (SPECIFY BEFORE OR AFTER SUNDOWN, if known)
3. Name: _____ Relationship: _____
Date of Passing: ____/____/____
Time of Passing: _____ (SPECIFY BEFORE OR AFTER SUNDOWN, if known)
4. Name: _____ Relationship: _____
Date of Passing: ____/____/____
Time of Passing: _____ (SPECIFY BEFORE OR AFTER SUNDOWN, if known)
5. Name: _____ Relationship: _____
Date of Passing: ____/____/____
Time of Passing: _____ (SPECIFY BEFORE OR AFTER SUNDOWN, if known)
6. Name: _____ Relationship: _____
Date of Passing: ____/____/____
Time of Passing: _____ (SPECIFY BEFORE OR AFTER SUNDOWN, if known)

Tell us about yourself and your family...

How do you spend your down time?

Do you or your family members have any hobbies?

What can the Temple Sholom community do for you?

What is your ideal way to celebrate Shabbat? Hanukkah? Passover? High Holy Days?

PLEASE CHECK ANY TEMPLE SHOLOM COMMITTEES/ACTIVITIES IN WHICH YOU OR OTHER MEMBERS OF YOUR HOUSEHOLD MAY BE INTERESTED OR ABOUT WHICH YOU WOULD LIKE MORE INFORMATION:

At Temple Sholom, we have a storied history of child engagement and activities. Our Early Childhood (Preschool) through Hebrew High School (Grades 8-12) are filled with different opportunities for the children in your household to be a part of the community.

Below are some activities which Temple Sholom offers for children and young adults:

- | | |
|---|--|
| <input type="checkbox"/> Preschool Religious Education (Heritage Street at The Preschool Place) | |
| <input type="checkbox"/> Nitzanim (Grades K-7) | <input type="checkbox"/> Shalom Chaverim (Grade 3-5 Youth Group) |
| <input type="checkbox"/> Hebrew High School (Grades 8-12) | <input type="checkbox"/> Kadima (Grade 6-8 Youth Group) |
| <input type="checkbox"/> Family Programming | <input type="checkbox"/> USY (Grade 9-12 Youth Group) |
| <input type="checkbox"/> Junior Congregation/Children's Services | |

At Temple Sholom, we believe in our members having their voices heard. In order to best accomplish this, our members are encouraged to join a committee or participate in an activity which they are passionate about. Below are some committees/activities which are established here at Temple Sholom: (PLEASE NOTE WHICH MEMBER(S) IS/ARE INTERESTED IN EACH ITEM CHECKED)

| Committee | Name(s) | Committee | Name(s) |
|--|---------|---|---------|
| <input type="checkbox"/> Adult Education | | <input type="checkbox"/> Men's Club | |
| <input type="checkbox"/> Board of Education | | <input type="checkbox"/> Mitzvah Committee | |
| <input type="checkbox"/> College Committee | | <input type="checkbox"/> Network /Empty Nesters Group | |
| <input type="checkbox"/> Finance Committee | | <input type="checkbox"/> Open Arms/Interfaith Group | |
| <input type="checkbox"/> Haftarah Chanter | | <input type="checkbox"/> Shofar | |
| <input type="checkbox"/> House Committee | | <input type="checkbox"/> Sisterhood | |
| <input type="checkbox"/> Inclusion Committee | | <input type="checkbox"/> Torah Reader | |
| <input type="checkbox"/> Jewish Life Committee | | <input type="checkbox"/> Ways & Means/Fund Raising | |
| <input type="checkbox"/> Knitting for a Cause | | <input type="checkbox"/> Youth Commission | |
| <input type="checkbox"/> Lead Services | | | |

We appreciate you telling us more about you and your household. We hope to use the information to make your transition into the Temple Sholom family seamless.

We would like to put another family in touch with you. Would you:

- | | |
|---|--|
| <input type="checkbox"/> Like to be hosted for a meal | <input type="checkbox"/> Speak on the phone |
| <input type="checkbox"/> Be open to hosting a meal | <input type="checkbox"/> Meet for coffee/tea |
| <input type="checkbox"/> Other:_____ | |

Please list any special skills or talents that you or other members of your household would be willing to volunteer to Temple Sholom (e.g. handyman, computer, music, art, etc.)

Any Additional information we should know about you and your family?

Non-Household Emergency Contact:

Name: _____ Phone: _____

Please note: If you choose to discontinue your membership, a written notice must be received 30 days prior to resignation, and if there is a balance on your account, please be sure to clear it upon your resignation.

I have read the above statement and fully understand my financial obligation to the Temple.

Signature: _____ Date: _____

We are looking forward to meeting you and your family. If you have any questions or concerns, please reach out to the Temple Office at 908-722-1339.

Welcome to the Temple Sholom family

