

## BEKI-BJ Kadima Membership Form 2013 – 2014

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Student's Cell Phone \_\_\_\_\_

Student's Email Address \_\_\_\_\_ Birthday \_\_\_\_\_

Bar/Bat Mitzvah Date \_\_\_\_\_ Grade \_\_\_\_\_

Name of School Currently Attending \_\_\_\_\_

Synagogue Affiliation \_\_\_\_\_

Parent Names \_\_\_\_\_

Parent email addresses \_\_\_\_\_

Parent cell phones \_\_\_\_\_

Medical information the advisor should know about. (*Please include food and other allergies, asthma or other medical situations, current medications*).

I understand that being a member of Kadima involves certain rights and responsibilities. I am expected to participate fully and cooperate with the leaders at all events which I attend. I know that I have a responsibility to myself and the Jewish community to participate in religious services when asked to do so. I know Kadima needs my energy and my ideas - you can count on me!

*Student's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

I give permission for my child to participate in all chapter events and to be driven by other parents as needed.

*Parent's signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**Dues Schedule:** (Your dues support our youth programs and make Kadima possible - thank you!)  
Please make checks payable to 'BEKI-BJ Kadima'

- Check one (1):     1 year dues: \$ 30  
                          2 years dues: \$ 55  
                          3 years dues: \$ 80  
                          4 years dues: \$100

Send to: Rena Cheskis-Gold, Chair, Joint BEKI-BJ Youth Commission  
334 McKinley Ave. New Haven, CT 06515    *Subject:* BEKI-BJ Kadima

**Questions? Concerns? Ideas?** Contact Jenn Greene BEKI-BJ Youth Group Coordinator  
[bekibjkadima@gmail.com](mailto:bekibjkadima@gmail.com) or (203) 314-4196

**Don't Forget! Check out our blog at [http://bekibjkadima.blogspot.com/!](http://bekibjkadima.blogspot.com/)**

## BEKI-BJ Kadima Parent Volunteer Form 2013-2014

Dear Parents,

Mazal tov! Your child has chosen to belong to a unique synagogue-based youth group which combines social, religious, and educational activities in a Jewish setting. This year we are planning many local and regional programs, which may occasionally require additional drivers and/or chaperones. To make these activities successful and safe, we need your help. Please check off at least three (3) activities from the list below that you would feel comfortable doing in order to make your child's Kadima experience that much better. We don't expect every parent to be available for every event, but we count on parent involvement in our program and feel that it is an important part of our values.

You may email or snail-mail this form along with your child's membership form, and please feel free to contact me with any questions, concerns, or ideas. I look forward to a great year!

Thank you,

Jenn Greene

BEKI-BJ Youth Group Coordinator

Phone: (203) 314-4196

Email: [bekibjkadima@gmail.com](mailto:bekibjkadima@gmail.com)

Website: [bekibjkadima.blogspot.com](http://bekibjkadima.blogspot.com)

**Send to:** Rena Cheskis-Gold, Chair, Joint BEKI-BJ Youth Commission  
334 McKinley Ave. New Haven, CT 06515

**Subject:** BEKI-BJ Kadima

**Please mark three (or more!)**

- |   |   |
|---|---|
| <input type="checkbox"/> Driving to and from events | <input type="checkbox"/> Doing a mailing              |
| <input type="checkbox"/> Chaperoning events         | <input type="checkbox"/> Putting up decorations       |
| <input type="checkbox"/> Shopping for food          | <input type="checkbox"/> Making phone calls           |
| <input type="checkbox"/> Chaperoning a dance        | <input type="checkbox"/> Cleaning up after events     |
| <input type="checkbox"/> Errands                    | <input type="checkbox"/> Hosting events at your house |
| <input type="checkbox"/> Cooking                    | <input type="checkbox"/> Chaperoning a bus trip       |
| <input type="checkbox"/> Other:                     |   |

THANK YOU again for your support!

Parent Signature \_\_\_\_\_

Parent name (printed) \_\_\_\_\_

Child(ren)'s Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_

Work number (if appropriate to receive calls) \_\_\_\_\_

**Comments or suggestions** (continue on back, if necessary):