

# CONGREGATION B'NAI YISRAEL

## Jewish Identity Development Program Registration, 2009-2010

(Please complete **BOTH SIDES** and return by August 1, 2009.)

Student's Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_  
(First) (Last) Grade: \_\_\_\_\_  
School: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Informal Name: \_\_\_\_\_ Male  Female   
(Month/Day/Year)  
Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Parent 1's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address (if different from child's) \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent 2's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: (if different from child's) \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Emergency Contact 2: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Classmate Request: \_\_\_\_\_  
(We will do our best to honor this request, but please know that it is not guaranteed.)

I **DO NOT** wish for my child's photograph to be used in any CBY publications.

### CBY Tikkun Olam Corps

Tikkun Olam: (tee · kune oh · lahm) verb. To repair the world. What Jews call Social Action or Community Service

This year CBY is enhancing our JID Program with a Family Community Service opportunity.

By joining together with the Social Action Committee, families will be coming together once a month from October through May to participate in meaningful acts of Tikkun Olam with other members of our temple community. Your family can participate in all 7 events, or just a few. More information will be included in our temple handbook, which will be coming your way soon.

- YES! Our Family is interested in joining the CBY Tikkun Olam Corps! We are especially interested in:
- The Kidney Walk  Participating in a Holiday Celebration  Neighbors Link
  - Working with the Community Shelter Program  The Midnight Run
  - Adopt a Dog  Community Beach Cleanup

If you have any questions about this form, please contact Harriet in the temple office  
at (914) 273-2220 or [harriet@cbvarmonk.org](mailto:harriet@cbvarmonk.org).

TURN OVER, PLEASE FILL IN BOTH SIDES →→→

## Medical and Special Needs Information

(All information will be kept strictly confidential.)

Child's Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone#: \_\_\_\_\_

Does your child have any medical issues of which we should be aware?

- Drug Allergies (please list)
- Food Allergies (please list)
- Asthma                       Hearing Challenges                       Vision Challenges
- Other (please explain)

Does your child have any learning issues of which we should be aware?

Does your child have any behavioral issues of which we should be aware?

Is there anything you'd like to share with us about your child as a learner that can help us?

## Parent Volunteer Information

You are your children's best partners when it comes to developing their Jewish Identity. When parents join in our programming at the temple, their children see the importance of participating actively in living a Jewish life. There are many ways that you can join us here at CBY. Please choose at least one way from the list below:

- Serve as Class Parent
- Serve on the Jewish Identity Development Committee
- Assist with dismissal
- Assist in the classroom for projects
- Assist with the Purim Carnival
- Assist with field trips
- Assist with other holiday celebrations

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