

Some of the programs available at CBE:

Preschool and After-School Care

Our licensed school accepts newborn to age 5; diapers are OK. We also offer a K-6 after-school program. We have a weekly Shabbat program where the children learn Hebrew prayers. They also learn about our culture as we celebrate most Jewish holidays. Reciprocal discounts are offered by the temple and preschool. Call the school office at (805) 522-2214 for more information.

Women of CBE (Sisterhood)

Affiliated with the Women of Reform Judaism, the Sisterhood supports the principles and programs of the Congregation. Monthly meetings generally highlight Jewish education and include planning for fundraising events. Sisterhood maintains and operates our gift shop, "Simi's House of Judaica," and raises funds by selling gift-cards for many local businesses.

Men's Club

The Men's Club meets on a monthly basis and holds a monthly Sunday breakfast in a local restaurant. Its primary purpose is to support the Congregation's activities and fundraising events. Men's Club activities include trips, barbeques, men's' night-out, and various service projects promoting fellowship and spiritual growth.

Havurah

A Havurah is a small group of Congregation B'nai Emet member families who meet regularly--with or without children--to share Jewish learning and experiences in an "extended family" setting. The Havurah experience is for people who are seeking a smaller scale Jewish community and are willing to give of themselves and work towards building this unique communal bond. Each Havurah decides its

Programs

Throughout the year, there are opportunities for the Congregation to be actively involved in events sponsored by the Temple and other local organizations. Program activities include our Annual Hanukkah Dinner Show, Shabbat Across America, the Community Seder, and the Thanksgiving

Social Action Committee

The Social Action Committee works to develop projects to benefit both the Jewish community and the community at large. The primary focus is to meet the needs of our local community. Recent activities include supporting the local Relay for Life, Mitzvah Day, and Habitat for Humanity and collecting food for local food banks and helping several local agencies who provide support for the homeless in Simi Valley, including feeding the needy on a monthly basis.



5778 (2017-2018) Membership Registration

FAMILY NAME: _____

PREMIER MEMBERSHIP: Supporting CBE at a higher level of giving. Benefits: two additional High Holy-day tickets, and two complimentary tickets for all CBE events during the 2017-2018 membership year.	Amount	
	\$3,600	
		#1

Membership Fees

Category	Description	Amount	
Full Family	Families with children or fulltime students under age 25	\$2,000	
Family & School 1	Families with 1 child in religious school	\$2,600	
Family & School 2	Families with 2 + children in religious school	\$3,100	
Preschool Affiliate	Families with children attending CBE Preschool classes	\$600	
Single Parent	Single Parent with children under age 25	\$1,400	
Senior-Married	Married couple with at least 1 spouse age 65 or older - No children in CBE school	\$1,200	
Senior-Single	Adult 65 years or older - No children in CBE school	\$825	
Adult-Married	Married couple with no children	\$1,700	
Adult-Single	Adult age 30 and older with no children	\$1,200	
Young Adult-Single	Adults age 18-29 with no children, excluding students under age 25 included above	\$700	
Newly-Married	Newly Married Couples married after August 2015	\$0	
<i>Donation to Congregation B'nai Emet</i>			
Total Membership Fees:			# 2

Bar/Bat Mitzvah

Category	Description	Amount	
Bar/Bat Mitzvah	Clergy/Facilities/Private Tutoring	\$750	
Total Bar/Bat Mitzvah Fee:			# 3

Early Payment Discount	Discount-Eligible Amount (subtotal of boxes 1, 2, and 3) - Use only one of the following discounts:	Amount	
	Box 10: Enter 5% of box 7 if paid in full by 8/31/17 using a credit card.	# 4	
	Box 10: Enter 10% of box 7 if paid in full by 8/31/17 if using cash or check.	# 5	

Total (Boxes 1+2+3 less Box 4 or 5 --as applicable): \$

Less Deposit: \$

Total Balance Due CBE: \$

High Holy Day tickets are **NON-TRANSFERABLE** and are included for each paid **IMMEDIATE** family member, based on membership type. Please indicate how many tickets you require.

A monthly payment plan is available. Please remit a 25% deposit and the remaining balance will be charged monthly to your credit card. Please complete the Credit Card Authorization Form. There will be a \$25 service charge for returned checks.

PRIOR BALANCES MUST BE PAID IN FULL.



5778 (2017-2018) Membership Family Record

(Returning members need not submit this form if no changes are necessary)

Please Check the Applicable Box:

- New Member
- Changes to Membership Record

	Adult Member A	Adult Member B
Title (Dr., Mr., Mrs., Ms., etc.)		
Full Name		
Hebrew Name		
Address:	City:	St: Zip:
Home Phone: ()	Fax: ()	
Cell Phone:	()	()
E-Mail:		
Do you wish to include your email address in our annual Membership Roster?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Birthday:	/ / : am/pm	/ / : am/pm
Anniversary: / /	Returning: <input type="checkbox"/> No <input type="checkbox"/> Yes	Date First Joined: / /
Occupation:	Job Title:	Job Title:
	Employer:	Employer:
	Phone: ()	Phone: ()
Do you read Hebrew?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some
Do you wish to participate in services?	<input type="checkbox"/> No <input type="checkbox"/> English Section <input type="checkbox"/> Aliyot <input type="checkbox"/> Hebrew Section <input type="checkbox"/> Torah Portion	<input type="checkbox"/> No <input type="checkbox"/> English Section <input type="checkbox"/> Aliyot <input type="checkbox"/> Hebrew Section <input type="checkbox"/> Torah Portion
How do you want the Temple newsletter delivered? <input type="checkbox"/> E-Mail Link to website <input type="checkbox"/> U.S. Mail		
How do you want annual Membership Forms delivered? <input type="checkbox"/> E-Mail Link to website <input type="checkbox"/> U.S. Mail		
How did you hear about Congregation B'nai Emet? <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Flyer		
Would you like to receive mail or publications from other Jewish organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Children				
Name (first, last):				
Hebrew Name:				
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:				
Address:				
Hebrew School:	Grade: <input type="checkbox"/> No	Grade: <input type="checkbox"/> No	Grade: <input type="checkbox"/> No	Grade: <input type="checkbox"/> No
Religious School:	Grade: <input type="checkbox"/> No	Grade: <input type="checkbox"/> No	Grade: <input type="checkbox"/> No	Grade: <input type="checkbox"/> No
Bar/Bat Mitzvah Date:				
Youth Group Member:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contact me	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contact me	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contact me	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contact me

Yahrzeits (Anniversary of Death)				
Name	Hebrew Name	Relationship	To Whom	Date of Death
				/ /
				/ /
				/ /
				/ /



5778 (2017-2018) High Holy Day Ticket Request

High Holy Day tickets are included with Congregation B'nai Emet membership, depending upon member category. Use this form only to request tickets for non-members or those outside of your immediate family or to list loved ones in Yizkor Book.

High Holy Day Ticket Packages Ordered (Includes 4 services)				
Ticket Category	Description	Quantity	Price Each	Total Amount
Adult	Ages 21 and over.		\$ 250	
Full-time Student	Under age 25.		\$ 135	
Senior	Ages 65 or older.		\$ 135	
Total Amount				

Yizkor Services				
In consideration of remembering the names listed below at Yizkor Services, I am: <input type="checkbox"/> Enclosing <input type="checkbox"/> Pledging The amount of: _____				
Please allocate this amount to <input type="checkbox"/> CBE <input type="checkbox"/> CBE Preschool				
Name	Hebrew Name	Relationship	To Whom	Date of Death
				/ /
				/ /
				/ /
				/ /

Ticket Mailing & Billing Information	
Please print name and address carefully, and supply phone numbers so we may contact you if there are any questions about your ticket order. If you wish to pay by credit card, please fill out the attached authorization and sign it.	
Name: _____	Home: () _____
Address: _____	Work: () _____
City: _____	Cell: () _____
State: _____	Zip: _____

Payment Remittance Information
Please mail this request form along with a check or credit card information to:
Congregation B'nai Emet P.O. Box 878 Simi Valley, CA 93062-0878 (805) 526-4580



5778 2017-2018 Religious School Registration

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BOTH SIDES OF THIS FORM MUST BE COMPLETED AND SIGNED BEFORE YOUR CHILD CAN ATTEND RELIGIOUS SCHOOL

If your child has special needs, you are encouraged to speak directly with the School Director or Vice-President of schools. Every effort will be made to accommodate you. Any request made or information shared will be held in the strictest confidence.

Parent Information			
Last, First - Mother	Address	Phone	Email
Last, First - Father	Address	Phone	Email
Student 1			
Last Name	First Name	Middle Name	
Address		Phone	
Date of Birth	Grade	Prior Hebrew or Religious School Location	
On Sunday, child lives with:			
Student 2			
Last Name	First Name	Middle Name	
Address		Phone	
Date of Birth	Grade	Prior Hebrew or Religious School Location	
On Sunday, child lives with:			
Student 3			
Last Name	First Name	Middle Name	
Address		Phone	
Date of Birth	Grade	Prior Hebrew or Religious School Location	
On Sunday, child lives with:			
Authorized to Pickup Child from School			
Name	Relationship	Home Phone	Other Phone
		()	()
		()	()
		()	()
		()	()
		()	()



5778 2017-2018 Religious School Registration

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BOTH SIDES OF THIS FORM MUST BE COMPLETED AND SIGNED BEFORE YOUR CHILD CAN ATTEND RELIGIOUS SCHOOL

Medical Emergency Contacts (if Parents Cannot be Reached)			
Name	Relationship	Home Phone	Other Phone
		()	()
		()	()
		()	()

Health Coverage Information	
Physician Name _____	() Physician Phone _____
Child Name _____	Allergies _____
Child Name _____	Allergies _____
Health Insurance Company Name _____	Group or Employer Name _____
Subscriber Identification Number _____	Group Number _____

Emergency Medical Treatment Consent	
<p>I/We, the parent(s)/legal guardian(s) of _____ , <div style="text-align: center;">(Print names of children)</div> minor(s), do hereby authorize Congregation B'nai Emet, its agents, employees, teachers, members, directors and officers to act as my/our agent, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act, whether such examination, diagnosis or treatment rendered at the office of said physician, dentist or at such a hospital. This authorization shall also include the right of my/our agent to commit any of our insurance or other funds that may be required to carry out such medical/dental treatment.</p> <p>It is understood that this authorization and consent is given in advance of any specific examination, repetitive diagnosis, treatment, or hospital care being required. It is given to provide authority and power regarding the above to my/our agent to give specific consent to any and all such examinations, diagnosis's, treatment or hospital care which the aforementioned physician or dentist, in the exercise of his/her best judgment may deem advisable. This authority is given pursuant to the provisions of section 6910 of the California Family Code.</p> <p>A copy of this Emergency Medical Treatment Consent shall have the same force and effect as the original.</p> <p>IN WITNESS WHEREOF, I/We have executed this Emergency Medical Treatment Consent at _____ , California, on _____ , 201____.</p>	
_____ Parent or Legal Guardian	_____ Parent or Legal Guardian