



Congregation L'Dor Va-Dor
Financial Agreement 2011 - 2012
Membership covers September 1st 2011- August 31st 2012

Membership	
<input type="checkbox"/> Single Person	Adult, no children..... \$400.00
<input type="checkbox"/> Single Parent +	Adult with children..... \$450.00
<input type="checkbox"/> Couple	2 Adults, no children..... \$800.00
<input type="checkbox"/> Family	2 Adults with children..... \$925.00
Write in selected membership \$ from above: \$ _____	

Religious School		COST per child	Total
Grade K	FREE with paying adult	No Charge	No Charge
Grades 1-3	Per Child.....(#) _____ x	\$375.00	\$ _____
Grades 4-7	Per Child.....(#) _____ x	\$475.00	\$ _____
Confirmation	Per Child.....(#) _____ x	\$375.00	\$ _____
Adult Education	Per Adult.....(#) _____ x	\$400.00	\$ _____
Bar/Bat Mitzvah (Bar/Bat Mitzvah occurring 2011-2012)			
Bar/Bat Mitzvah Fee	Per Child.....(#) _____ x	\$300.00	\$ _____
<i>(Tutoring / Rabbi Fees Not Included)</i>			
Prayer Book Donation	Per Book.....(#) _____ x	\$ 36.00	\$ _____
<i>(Required for 6th & 7th Grade)</i>			
<i>(Circle Appropriate) PRAYER BOOK IN HONOR OF (or) IN MEMORY OF</i>			
<i>(Fill in appropriate name) _____</i>			
TOTAL RELIGIOUS SCHOOL TUITION =			\$ _____

Youth Group (Optional)
<input type="checkbox"/> Yes, I would like to sign my child/children up for youth group, with the understanding that I will be charged per activity.
Child Name: _____ Child Name: _____
Child Name: _____ Child Name: _____

Payment Options: (Choose one option)
<input type="checkbox"/> One Full Payment submitted with this agreement
<input type="checkbox"/> Deposit \$100.00 then (2) Equal Payments of the balance due (1 st payment due ____; 2 nd due ____)
<input type="checkbox"/> Deposit \$100.00 then (8) Equal Payments of the balance due on the 1 st day of each month
<i>Note: Payments after the 15th of the month incur \$25.00 late fee.</i>
<input type="checkbox"/> Credit Card (Circle One - Visa, Master Card, Discover, AMEX)
Credit Card # _____ Exp. Date _____ Zip code _____

I prefer my invoice/statement & Congregation information sent via: <input type="checkbox"/> US Mail <input type="checkbox"/> Email	Sub Total \$ _____
If by email, enter email: _____	Less Deposit \$ _____
	Balance Due \$ _____

CONGREGATION L'DOR VA-DOR



MEMBERSHIP FORM 2011/2012

Date _____

Last Name _____ First Name _____ Birthday _____ Anniversary _____

Last Name _____ First Name _____ Birthday _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____ Email _____

Work Phone _____ Occupation _____

Children:

Name _____ Birthday _____

Name _____ Birthday _____

Name _____ Birthday _____

Name _____ Birthday _____

Name _____ Birthday _____

Yahrzeits:

Name _____ Relationship _____ Date of Death _____

Name _____ Relationship _____ Date of Death _____

Name _____ Relationship _____ Date of Death _____

Name _____ Relationship _____ Date of Death _____

Name _____ Relationship _____ Date of Death _____

Name _____ Relationship _____ Date of Death _____

Areas of Expertise/Interest: _____

Areas you would like to volunteer: Ushering Building Membership Sunshine Oneg

Fundraising Religious School Chavurah Education Social Events Public Relations

Social Action Youth Group Ritual High Holidays Phone Squad Other: _____

CONGREGATION L'DOR VA-DOR

RELIGIOUS SCHOOL ENROLLMENT FORM 2011- 2012

ENROLLMENT DATE: _____

*One enrollment form and emergency record form must be filled out per student enrolling in Religious School.
Is this student interested in becoming a youth group member (Please Circle) YES / NO

STUDENT INFORMATION

Student First Name _____ M.I. _____ Last Name _____

Address _____ Apt. _____

City _____ ST _____ FL _____ Zip _____

Home Telephone: _____ Child's Date of Birth: _____

Family Situation: (Please Check all that apply)

Married Single Parent Joint Custody Serious Illness Recent Death Guardian

Other (Please Describe) _____

Siblings Name: _____ Age _____ / Name: _____ Age _____

*If more names to be added use additional sheet

SEE REVERSE SIDE FOR EMERGENCY INFORMATION

PARENT INFORMATION

Mother's Name _____ Work Phone _____ Cell _____

Email: _____

Father's Name _____ Work Phone _____ Cell _____

Email: _____

PREVIOUS HEBREW SCHOOL EXPERIENCE

None Previous Religious/Hebrew Training (Describe Below)

Previous School Location _____ Grades Attended _____

ADMINISTRATION ONLY:

Enrolling Student into Grade _____ Payments (Please check one): Paying in Full Monthly Payments

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website: Ldorvador.org

