



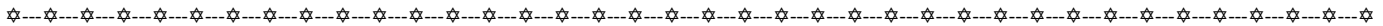
Office: 201 Hampton Drive Venice, CA 90291
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FAMILY INFORMATION FORM for New AND Renewing Families

RENEWING Families: Please check box, write name(s) and fill in only CHANGED or NEW information

Please PRINT

Today's Date: \_\_\_\_\_



1st Adult \_\_\_\_\_ Full Hebrew Name \_\_\_\_\_

(i.e. Yitschak ben Avrahan v's Sarah OR Miriam bat Amram v'Sarah - ask Rabbi for help if you don't know your name)

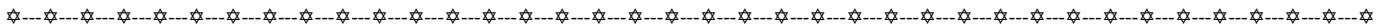
Birthdate \_\_\_/\_\_\_/\_\_\_ or just Birth Month \_\_\_\_\_ Evening Are you Cohen? Levite?

Work Phone ( ) \_\_\_\_\_ Ext \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Religious tradition in which you were raised: Reform Conservative Orthodox Reconstructionist Unaffiliated
Did you convert to Judaism? Yes No Date Converted \_\_\_/\_\_\_/\_\_\_ Place \_\_\_\_\_ Not Jewish



2nd Adult \_\_\_\_\_ Full Hebrew Name \_\_\_\_\_

(i.e. Yitschak ben Avrahan v's Sarah OR Miriam bat Amram v'Sarah - ask Rabbi for help if you don't know your name)

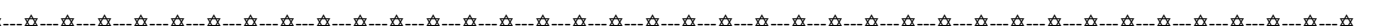
Birthdate \_\_\_/\_\_\_/\_\_\_ or just Birth Month \_\_\_\_\_ Evening Are you Cohen? Levite?

Work Phone ( ) \_\_\_\_\_ ext \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Religious Tradition in which you were raised: Reform Conservative Orthodox Reconstructionist Unaffiliated
Did you convert to Judaism? Yes No Date Converted \_\_\_/\_\_\_/\_\_\_ Place \_\_\_\_\_ Not Jewish



Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Family E-mail \_\_\_\_\_

Are co-applicants married? Yes No -> Anniversary: \_\_\_/\_\_\_/\_\_\_

How do you prefer to be contacted? Email Cell Phone Home Phone Paperless? Yes No



<b>LIST ALL MINOR &amp; ADULT CHILDREN</b> All Name(s)	Hebrew Name	Birthdate	Gender	Regular School Name/City	Grade

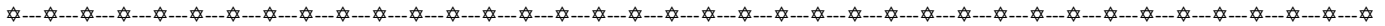
**Preschool Families:** Please complete below:

Child lives with \_\_\_\_\_

1. Is there anything that you can tell us about your child that will help us better understand and help him/her in our care?

2. In what particular ways can we help your child this year?

3. Do you have any interests, hobbies or talents which you would like to share with the children?



**Yahrzeit Information** Mishkon Tephilo will send you reminder notices on the anniversary (Yahrzeit) of a loved one's death. The Hebrew calendar day begins at sundown. Please provide the English date of death (and whether it was before or after sundown on that day, and we will calculate the Hebrew date for the Yahrzeit.

Relative's Name	Hebrew Name	Date of Death MM/DD/YY	Before or After Sundown	Relationship (i.e. mother of Sam Stein)
			Before <input type="checkbox"/> After <input type="checkbox"/>	
			Before <input type="checkbox"/> After <input type="checkbox"/>	
			Before <input type="checkbox"/> After <input type="checkbox"/>	
			Before <input type="checkbox"/> After <input type="checkbox"/>	
			Before <input type="checkbox"/> After <input type="checkbox"/>	
			Before <input type="checkbox"/> After <input type="checkbox"/>	

**REASON JOINED:** \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE TELL US ABOUT YOUR INTERESTS:**

<b><i>As a Participant</i></b>	Adult #1	Adult #2
ADULT EDUCATION	<input type="checkbox"/>	<input type="checkbox"/>
HAZAK (Age 55+)	<input type="checkbox"/>	<input type="checkbox"/>
BOOK CLUB	<input type="checkbox"/>	<input type="checkbox"/>
FAMILY PROGRAMMING	<input type="checkbox"/>	<input type="checkbox"/>
RELIGIOUS SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>
PRESCHOOL	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>As a Volunteer</i></b>	Adult #1	Adult #2
ADULT EDUCATION - <i>Organizes Adult Education programs</i>	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING & GROUNDS - <i>Plans the maintenance and improvements of Mishkon's physical structure</i>	<input type="checkbox"/>	<input type="checkbox"/>
FAMILY COMMITTEE - <i>Organizes programs for families with children</i>	<input type="checkbox"/>	<input type="checkbox"/>
FUNDRAISING - <i>Plans fundraising activities and coordinates financial development</i>	<input type="checkbox"/>	<input type="checkbox"/>
KIDDUSH - <i>Coordinates weekly Kiddush lunch and monthly Simchah Kiddush</i>	<input type="checkbox"/>	<input type="checkbox"/>
MEMBERSHIP - <i>Recruits new members</i>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATIONS - <i>Plans advertising, public relations, and other Mishkon communications</i>	<input type="checkbox"/>	<input type="checkbox"/>
SOCIAL ACTION - <i>Organizes community service programs</i>	<input type="checkbox"/>	<input type="checkbox"/>
TEPHILA - <i>Organizes participation in Shabbat and holiday services</i>	<input type="checkbox"/>	<input type="checkbox"/>

*Please add here any ideas or information that might help us better serve you.*

*Do you have any special skills or talents that you can share (i.e. music, art, teaching)?*