

HIGH HOLY DAYS 2010 - 5771 K - 4 CHILDREN'S PROGRAM REGISTRATION FORM

L'Shana Tova



Parents' Names: _____

Home Phone, Work Phone, Cell Phone: _____

Address: _____

E-Mail: _____

Child's Name _____ Grade _____


Child's Name _____ Grade _____

Child's Name _____ Grade _____

Register my child for the following days:

 Turning a New Leaf, Rosh Hashanah 1st Day 11:45am - 2:15pm

 Honey Bee, Rosh Hashanah 2nd Day 11:30am - 1:15pm

 Turning a New Leaf, Yom Kippur 1:15pm - 3:30pm

IMPORTANT: Does your child(ren) have an anaphylactic allergy? ___ Yes ___ No
We will call you to discuss this before Rosh Hashanah.

We plan to serve these snacks: juice, apples, honey, graham crackers, cheese, carrots
(and challah at Honey Bees only). Please bring a kosher snack if your child has food allergies.

All parents sign the Emergency Care statement below:

I give my permission to the Adath staff to take whatever emergency (i.e., first aid, disaster evacuation) measures are judged necessary for the care and protection of my child(ren) listed above. In case of a medical emergency, I understand that my child will be transported to Methodist Hospital by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deems it necessary. The child will be transported at the expense of the parent. It is understood that while Adath staff will; make every effort to contact a parent/guardian, in some medical situations the staff will need to contact the local emergency resources before the parent/guardian can be contacted.

Parent signature _____ Date _____

Please enclose a \$10.00 registration fee per program, per child, per day to cover children's High Holy Day Programs. If you have more than one child in any children's High Holiday program, the fees will not exceed \$50 per family for Rosh Hashanah and Yom Kippur combined.

Total Enclosed: \$ _____

Registration forms must be received by August 23 to ensure your child a spot.