

HIGH HOLY DAYS 2011 - 5772

HAPPY BIRTHDAY WORLD! REGISTRATION FORM

WE CANNOT PROVIDE CHILDCARE FOR CHILDREN UNDER 24 MONTHS.



Parents' Names: _____

Home Phone, Work Phone, Cell Phone: _____

Address: _____

E-Mail: _____

Child's Name _____ Birthdate _____

Child's Name _____ Birthdate _____

Child's Name _____ Birthdate _____

If your child is in diapers, please make sure you provide diapers in a bag marked with your child's name.

Please register my child(ren) for the following days:

Rosh Hashanah, 1st Day (Check One): _____ Aleph Service (8:30 am-end of service)
_____ Bet Service (9:45 am-end of service) _____ Gimel Service (9:30 am-end of service)

Rosh Hashanah, Second Day _____ Service (10:00 am-end of service)

Yom Kippur (Check One): _____ Aleph Service (9:15 am-end of service)
_____ Bet Service (10:30 am-end of service) _____ Gimel Service (10:45 am-end of service)

If your child will be staying past 11:30 am on any day, please send a peanut-free dairy lunch with your child. Make sure your child's lunch is clearly marked with his/her first and last name. If possible, do not pick up your child between 11:30 am-Noon during lunch.

IMPORTANT: Does your child(ren) have an anaphylactic allergy? ___ Yes ___ No
We will call you to discuss this before Rosh Hashanah.
We will provide honey graham crackers and milk or water to the children during the Happy Birthday World Service for a snack.

Does your child have any allergies or other medical conditions we should be aware of?

ALL PARENTS must 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 Sept. 14 to ensure a spot for your child.