



**Childcare for newborn through 4 years old
2011/5772 High Holidays**

Parents' Names: _____

Home Phone: _____ Daytime Phone: _____ E-mail: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Please register my/our children (fill in all sessions that apply):
If you are registering different children for different sessions, please list each child by name.

- **Erev Rosh Hashanah, Wednesday, September 28, 6:30–8 p.m.**
Total number of children _____ @\$15 per child \$ _____
- **First Day Rosh Hashanah, Thursday, September 29, 10 a.m.–1 p.m.**
Total number of children _____ @\$30 per child \$ _____
- **Second Day Rosh Hashanah, Friday, September 30, 10 a.m.–1 p.m.**
Total number of children _____ @\$30 per child \$ _____
- **Kol Nidre, Friday, October 7, 6–8:30 p.m.**
Total number of children _____ @\$30 per child \$ _____
- **Yom Kippur, Saturday, October 8, 10 a.m.–1 p.m.**
Total number of children _____ @\$30 per child \$ _____
- **Yizkor, Mincha, and Ne'ila, Saturday, October 8, 4–7:30 p.m.**
Total number of children _____ @\$40 per child \$ _____

Total Amount Due: \$ _____

Enclosed is a check for \$ _____.

Charge my credit card \$ _____. Visa MasterCard Discover Card

Name (as it appears on card): _____

Account Number: _____ Expiration Date: _____

Signature: _____

Preregistration with payment is required.

To guarantee a place for your child, please return this form by Friday, August 26, 2011 with payment in full.

Congregation Beth Sholom, Attn: Hadara Graubart
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Office Use Family ID _____