

# BETH ISRAEL CONGREGATION HIGH HOLIDAY CHILDCARE AND YOUTH SERVICES - 2018

During the High Holidays Beth Israel offers childcare and a story time for children ages 1-5 and special youth programming and services for children in elementary school on the mornings of Rosh Hashanah and Yom Kippur. In order for us to plan accordingly and best accommodate all of the children at Beth Israel during the holidays, please use this form to register your children (both member or non-member) for childcare of 1-5 year olds and the elementary school program. There is a charge of \$15 per child per day for childcare. There is no charge for the elementary school program.

## Children 1yr - 5yr (The cost for Childcare is \$15 per child per day)

Child Name (First, Last)	Age	RH 1	RH 2	YK	Allergies, Medications, etc.	Amt Due
1						\$
2						\$
3						\$
4						\$
<b>TOTAL DUE</b>						<b>\$</b>

## Children Kindergarten - 5th Grade (There is no charge for the Elementary School Program)

Child Name (First, Last)	Age	RH 1	RH 2	YK	Allergies, Medications, etc.	Amt Due
1						No Charge
2						No Charge
3						No Charge
4						No Charge

## REGISTRATION DEADLINES (MAIL FORMS TO BETH ISRAEL, 2000 WASHTENAW, ANN ARBOR, MI 48104)

**Registration for ROSH HASHANAH must be RECEIVED by Tuesday, September 4.**  
**Registration for YOM KIPPUR must be RECEIVED by Wednesday, September 12.**  
**After the above deadlines have passed we will do our best to accommodate your child(ren) based upon space availability but we cannot guarantee admission.**

## EMERGENCY CONTACT INFORMATION:

I, the undersigned, am the parent/guardian of the child(ren) listed above. I agree to personally check in and check out my child(ren), or designate a responsible guardian to do so. I agree that, in case of an emergency, either medical or behavioral, a childcare staff member will locate the parent(s) in the sanctuary, alert them to the situation, and ask that you accompany him/her to the proper place. I further agree that the staff may begin any necessary emergency medical treatment while they attempt to locate me.

**Parent Name(s):** \_\_\_\_\_ **Phone Number(s)** \_\_\_\_\_

**Person(s) who may check out your child(ren):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Office Use: Date Received \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_