

Grøwn Up & Me

2019 Fall Session

Child's Full Name		Birth Date		Gender
Address		Phone #		
Town	Zip			
Parent #1's NameBus. Phone #		Parent #2's Name		Bus. Phone #
Cell Phone	Temple Member Yo			No
Person to call in case of	emergency:			
Email Address:		Name		Phone #
			Member	Non-Member
Oct. 18 – Feb. 7	9:45 AM – 11:15 AM	Friday	\$400	\$500

_____ Yes, I give permission for my child's photo to be put on the Temple Beth Sholom website/bulletin/Social Media without any identifying name.

Payments can be made by cash, credit card (a 3% service fee will be added to each charge) or check made payable to Temple Beth Sholom.

Ask about our: Early Childhood Center Please Note: Additional \$50 Security Fee Deposit of \$200 is due upon registration.

Date

____ Signature__

The school reserves the right to refuse or cancel registration and enrollment at any time for reasons of health, safety, or emotional problems, which the school deems, may endanger the welfare of the children. The school does not have a nurse on the premises. Program Is Dependent Upon Sufficient Registration.