

# TORAH FOR TOTS REGISTRATION FORM

Sunday 9:30AM – 11:30 AM

CHILD'S NAME \_\_\_\_\_ CHILD'S NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

HEBREW NAME \_\_\_\_\_ HEBREW NAME \_\_\_\_\_

IF YOU ARE REGISTERING MORE THAN TWO CHILDREN, PUT ADDITIONAL NAMES, BIRTHDATES, HEBREW NAMES IN THE UPPER RIGHT CORNER OF THIS FORM.

PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

TEMPLE AFFILIATION (IF ANY) \_\_\_\_\_

IF THERE IS ANYTHING SPECIAL THAT YOU FEEL I SHOULD KNOW ABOUT YOUR CHILD (EXAMPLE-ALLERGIES, PHYSICAL LIMITATIONS).

IF SO, PLEASE EXPLAIN \_\_\_\_\_

IN CASE OF EMERGENCY, WHO OTHER THAN THE PARENTS SHOULD BE CONTACTED:

NAME \_\_\_\_\_

PHONE# \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

REGISTRATION FEE:

\$75.00 FOR TEMPLE BETH AM MEMBER

\$100.00 FOR NON-TEMPLE BETH AM MEMBER

(EACH ADDITIONAL CHILD WILL BE \$50.00)

TOTAL NUMBER OF CHILDREN \_\_\_\_\_

TOTAL RECEIVED \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO SISTERHOOD TEMPLE BETH AM

\*\*\*\*\* PRIORITY GIVEN TO TEMPLE BETH AM MEMBERS \*\*\*\*\*