

CHILDREN & YOUTH PROGRAMS - HIGH HOLY DAYS 2011

REGISTRATION FORM

Responsible parent's name: _____

Phone _____ Email _____ Cell _____

Number of Children attending: _____ Member / Non-member (circle one)

<i>Child's Name / Age</i>	<i>When Attending (check)</i>	<i>Program(circle)</i>
Age _____	Rosh HaShana 1 (9/29) <input type="checkbox"/> Session 1 (10:30-Noon) <input type="checkbox"/> Session 2 (Noon-1:00)	Havura, K-2, Jr. Cong., Cosmic
Age _____	Rosh HaShana 2 (9/30) <input type="checkbox"/> Session 1 (10:30-Noon) <input type="checkbox"/> Session 2 (Noon-1:00) <input type="checkbox"/> Kol Nidre Evening Freeplay (10/7)	Havura, K-2, Jr. Cong., Cosmic
Age _____	Yom Kippur Morning (10/8) <input type="checkbox"/> Session 1 (10:30-Noon) <input type="checkbox"/> Session 2 (Noon-1:30) <input type="checkbox"/> Yom Kippur Afternoon Freeplay (10/8)	Havura, K-2, Jr. Cong., Cosmic
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Comments / Special Instructions: _____

Known allergies: _____

- **To properly provide programming, security and refreshments, participation in BEKI High Holy Days Child/Youth Programs is by ADVANCE REGISTRATION ONLY. Please respect our efforts to provide the best possible experience for you and your child.**

- **Please have form into the BEKI office NO LATER THAN September 19, 2011**