

# Temple Beth Torah

## Children's Program

**Rosh Hashanah Monday, September 30**

Children's Program 9:45am-1pm

Tashlich at Marina park 4pm-6pm

**Yom Kippur Wednesday, October 9**

Family service in sanctuary 9am-9:45am

Children's Program 10:15am-1:30 pm

**YK(pm) Child Care 3:30pm-6:30pm**

**Ages 2 – 11.** Children's Programming includes age appropriate activities, snacks and services that are engaging & interactive. **PLEASE NOTE:** CHILDREN'S PROGRAM IS FOR CHILDREN OF PARENTS/GUARDIANS WHO ARE ATTENDING HIGH HOLIDAY SERVICES AT TBT. PARENTS MUST BE ON CAMPUS.

**Cost: \$15/session for one child, and \$12/session for each additional sibling**

\*If you are unable pay full cost, please contact Marisa Schrier at 647-4181 x15\*

-----Registration is due by September 18<sup>th</sup>-----

Please return HHD Children's Program registration form to TBT 7620 Foothill Rd. Ventura, CA 93004

CHILD(REN)'s NAME(s)

	Age	Grade	RH	YK	YK(pm)
_____	_____	_____	\$15 <input type="checkbox"/>	\$15 <input type="checkbox"/>	\$15 <input type="checkbox"/>
_____	_____	_____	\$12 <input type="checkbox"/>	\$12 <input type="checkbox"/>	\$12 <input type="checkbox"/>
_____	_____	_____	\$12 <input type="checkbox"/>	\$12 <input type="checkbox"/>	\$12 <input type="checkbox"/>
_____	_____	_____	\$12 <input type="checkbox"/>	\$12 <input type="checkbox"/>	\$12 <input type="checkbox"/>

check# \_\_\_\_\_  cash  charge credit/debit card on file **Total \$** \_\_\_\_\_

PARENT/GUARDIAN NAME(s)

CELL PHONE

\_\_\_\_\_

Is there anything we should know? (medications, allergies, food allergies, accommodations, special needs)

*I permit my child to attend the Children's Program during the High Holy Days at Temple Beth Torah and release all officers, advisors, agents, or employees from any and all liability that may arise out of my child's participation in such activity.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_