



Temple Beth Torah  
**HIGH HOLY DAYS**  
**Children's Program 5783**



Rosh Hashanah  
**Monday, September 26**  
*Children's Program 9:45am – 1pm*

Yom Kippur  
**Wednesday, October 5**  
*Children's Program 9:45am – 1:30 pm*  
**YK(pm) Child Care 5:00pm – 7:00pm**

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



Registration is due by September 3rd



**Cost: \$15/session for one child, and \$12/session for each additional sibling**  
 \*If you are unable pay full cost, please contact Danielle Stoyanoff at 647-4181 x19\*

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)
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARENT/GUARDIAN NAME(s)

CELL PHONE

\_\_\_\_\_

I am enclosing \$\_\_\_\_\_  check#\_\_\_\_\_  cash  charge my credit card on file

Is there anything else we should know? (medications, allergies, food allergies, conditions, 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 \_\_\_\_\_