

Childcare Registration Form (3 months – 4 years old)

Temple Sinai – High Holyday Services 2010 / 5771

Request High Holyday tickets & register for Childcare *online* at www.oaklandsinai.org.

Dates: Childcare is offered for the **Rosh HaShana Morning Service** on Thursday, Sept. 9th and for the **Yom Kippur Morning Service** on Saturday, Sept. 18th from 8:30 am until 20 minutes after the end of services for both the Paramount Theatre Service (on the Mezzanine Level) and for the Temple Sinai Sanctuary Service.

Cost: Children 3-18 months old = \$25/child Children 19 months to 4 years old = \$20/child
Multi-child discount = for 2 children, deduct \$5/day from total. 3 or more children, deduct \$10/day from total.

- To arrange for adequate staffing and supplies, pre-registration is required and no drop-ins are permitted.
- Age and Holyday appropriate activities and snacks will be provided.
- An information sheet will be sent after the registration form and payment are received.
- Financial assistance for this childcare program is available, if needed, for Temple members

Last Name	First Name	Age – please indicate months or years	Rosh HaShana Paramount Sept 9	Rosh HaShana Temple Sinai Sept 9	Yom Kippur Paramount Sept 18	Yom Kippur Temple Sinai Sept 18	Total number of days	Cost per day (see above)	Total \$ per child
Briskin	David	16 months		x	x		# 2	\$ 25	\$ 50
							#	\$	\$
							#	\$	\$
							#	\$	\$
							#	\$	\$
							#	\$	\$
subtotal =									\$
minus multi-child discount, if applicable (see above) =									- \$
Total \$ enclosed (please make check payable to Temple Sinai) =									\$

Parent Name(s): _____

Address: _____

Daytime phone: (____) _____ Email: _____@_____.

Cell: (____) _____ yes, call this number during services if there is a dire emergency

Others besides parents who may sign my child(ren) out: _____

Emergency Contact: Name: _____ Phone: (____) _____

Allergies/ special needs (please specify for which child): _____

I give my child(ren) permission to participate in the childcare program provided by Temple Sinai during High Holydays 2010/5771. I understand that participation is voluntary and that the Paramount Theater, Temple Sinai and their subsidiaries, staff and volunteers do not assume liability in the case of accident or injury. I will be on site at all times when my child(ren) is (are) in childcare. I understand that every attempt will be made to locate me in case of emergency or accident, but I hereby authorize the childcare staff to provide or arrange for any appropriate medical aid.

Parent/Guardian's signature: _____ Date: _____

Please return form with payment to Temple Sinai, 2808 Summit Street, Oakland, CA 94609 by **August 27, 2010**.