

CHILDREN'S PROGRAM (Kindergarten – 3rd Grade)

Temple Sinai – High Holyday Services 2010 / 5771

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

The High Holydays Children's Program coincides with morning services on both Rosh HaShana and Yom Kippur. This program provides a special morning of art, music, storytelling, worship, and other activities appropriate to the celebration of these Holydays for students in Kindergarten through Third grade. A snack will be provided. Students are assigned to classes according to grade.

Paramount Service 9:00 am Paramount Theater, down one floor from main level
Sanctuary Service 9:00 am Temple Sinai – 3rd Floor, Religious School Classrooms

FREE TO MEMBERS of Temple Sinai. There is a fee of **\$25 per child, per service, for Non-Members.**
In order to provide adequate supervision, all children must be pre-registered. No drop-ins.
Please return form and payment by August 27, 2010.

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
							#	\$	\$
							#	\$	\$
							#	\$	\$
							#	\$	\$
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 parent(s) 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.**