2011 CHILD CARE FOR HIGH HOLY DAYS

Child care will again be available this year at the times listed below at a cost of $15.00 per session per child. Prepaid reservations are required. Please return the registration form below as soon as possible (**DEADLINE is 9-23-2011)** with your check, for the sessions you want to reserve. Space is limited.

Please make checks payable to Congregation Beth Yeshurun and **mail your check and registration form by September 23, 2011** to: Congregation Beth Yeshurun c/o "Child Care", 4525 Beechnut Houston, TX 77096-1801.
In order for the child care to run smoothly, all children's belongings must be labeled. Babies will not be fed by staff - parents need to come to the child care area to feed their babies. Port-o-cribs, infant seats and disposable diapers must be provided by parents. The child's favorite toy or game can be brought, as well as a blanket that should be labeled.

Because of the use of bonded babysitters, **no child will be admitted unless forms have been submitted in advance.** The caregivers will have your child's name and information, and will check you in upon arrival.

ONLY PARENTS MAY "DROP OFF" AND "PICK UP" CHILDREN

CHILD CARE REGISTRATION FORM

I would like to register my child(ren). I will be attending services in **B**arg, **C**hapel, **F**amily, **M**useum (please circle for each service)

_____ Age:_____
_____ Age:_____
_____ Age:_____
_____ Age:_____

ROSH HASHANAH: **(1st Night)**	**B C F M**	**Time**	**Please check one**
Wednesday, September 28		5:45 p.m. to 7:15 p.m.	☐Yes ☐No
ROSH HASHANAH: **(1st Day)**	**B C F M**		
Thursday, September 29		8:15 a.m. to 1:00 a.m.	☐Yes ☐No
ROSH HASHANAH (2ND Day)	**B C F M**		
Friday, September 30		8:15 a.m. to 1:00 p.m.	☐Yes ☐No
KOL NIDRE:	**B C F M**		
Friday, October 7		5:30 p.m. to 8:00 p.m.	☐Yes ☐No
(Note: No child care for the late service.)			
YOM KIPPUR:			
Saturday, October 8	**B C F M**	8:45 a.m. to 2:00 p.m.	☐Yes ☐No
Saturday, October 8	**B C F M**	4:30 p.m. to 7:45 p.m.	☐Yes ☐No

Enclosed is my check in the amount of $_____ payable to Congregation Beth Yeshurun.

In case of emergency, please administer first aid, and if needed secure medical aid. I understand that I will not hold Congregation Beth Yeshurun responsible for any injury or accident that might occur during High Holy Days child care.

Parent signature_____ Phone _____

Address_____

Parent's information MUST be completed to be registered!
Registration Deadline: Monday, September 23, 2011