

# Parent and Me

Name of Child: \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ E-mail \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

*I have read and understand the Temple Aliyah ECE Parent and Me Registration Policy and understand that payment MUST accompany this form!*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Please circle your Class Choice and Membership Status of child's parents\*\***

**\*January 15<sup>th</sup> - May 23<sup>rd</sup>\***

**"Let's Get Moving"** Tuesday morning 9:15 a.m. - 11:00 a.m.  
18-23 months Temple Member \$480.00 Non-Member \$512.00

**"Can't Wait to Create"** Tuesday afternoon 11:15 a.m. - 1:15 p.m.  
24 months + Temple Member \$510.00 Non-Member \$544.00

**"Baby Talk"** Thursday morning 9:30 a.m. - 10:30 a.m.  
5- 10 months Temple Member \$420.00 Non-Member \$448.00

**"Miles of Smiles"** Thursday morning 10:45 a.m. - 12:15 p.m.  
11 - 17 months Temple Member \$450.00 Non-Member \$480.00

Credit Card # \_\_\_\_\_ exp. \_\_\_\_\_ CVV# \_\_\_\_\_ Check #: \_\_\_\_\_

Signature \_\_\_\_\_