

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****

Jan 16th - March 22nd

"Miles of Smiles"

12 - 17 months

*taught by Miss Susy

Wednesday morning

Temple Member \$450.00

9:30 a.m. - 11:00 a.m.

Non- Member \$480.00

Credit Card # _____ exp. _____ CVV# _____ Check #: _____

Signature _____