

# 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\*\***

**\*July 1<sup>st</sup> - July 31<sup>st</sup>\***

<b>"Miles of Smiles"</b> 11-16 months	Monday morning <u>Temple Member \$150</u>	9:30 a.m. - 11:00 a.m. <u>Non-Member \$175</u>
<b>"Let's Get Moving"</b> 17- 23 months	Monday morning <u>Temple Member \$150</u>	11:15 a.m. - 12:45 p.m. <u>Non-Member \$175</u>
<b>"Baby Talk"</b> 5-10 months	Wednesday morning <u>Temple Member \$140</u>	9:30 a.m. - 10:30 a.m. <u>Non-Member \$160</u>
<b>"Can't Wait to Create"</b> 24+ months	Wednesday morning <u>Temple Member \$170</u>	10:45 a.m. - 12:45 p.m. <u>Non-Member \$200</u>

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

Signature \_\_\_\_\_