

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****

June 18th - July 23rd

"Let's Get Moving"

18-23 months

*taught by Miss Susy, minimum 6 students required

Tuesday morning

Temple Member \$204.00

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

Non-Member \$225.00

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

Signature _____