ECLC After Hours:

Enrichment programs and classes

FALL 2015

X	Enrichment Class	Open to:	Times	ECLC student prices:
	SuperFoodies with Taste Buds Kitchen	Yellow3day, Blue + Red (ages 2.5 - 3.5) Orange + Green rooms (ages 3.5 - 5.0)	Mondays 12:30 - 1:15pm Mondays 2:30 - 3:30pm	$460 Orange room - $450, Green room - $400
	Tennis with NFCH Sports	Blue + Red rooms (ages 2.10 - 3.5) Orange + Green rooms (ages 3.5 - 5.0)	Mondays 12:30 - 1:15pm Mondays 2:30 - 3:15pm	$375 Orange room - $375, Green room - $325
	Craft Studio	Yellow 3day, Blue + Red (ages 2.5 - 3.5) Orange + Green rooms (ages 3.5 - 5.0)	Fridays 12:30 - 1:15pm Tuesdays 2:30 - 3:15pm	$450 Orange room - $475, Green room - $420
	Yoga	Yellow 3day, Blue + Red (ages 2.5 - 3.5) Orange + Green rooms (ages 3.5 - 5.0)	Wednesdays 12:30 - 1:15pm Thursdays 2:30 - 3:15pm	$325 Orange Room - $325 Green Room - $275
	Hip Hop with Applause NYC	Orange + Green rooms	Wednesdays 2:30 - 3:15pm	Orange room - $450, Green room - $400
	Chess at Three	Orange + Green rooms	Thursdays 2:30 - 3:30pm	Orange room - $365, Green room - $315,

Child's Name ______________________ Child's Date of Birth: ______________ Gender: M F

Mailing Address: ____

Parent 1 ______________________________ Parent 2 ___________________________

Preferred Email: ______________________ Preferred Phone: ______________________

ECLC Class: __________________________

TOTAL AMOUNT for classes ______________________ Check enclosed ☐ (made out to Temple Israel)

Credit Card #:______________________ Exp: ________ Code __________

I hereby give my permission for my child to participate in all program and activities as part of The Temple Israel ECLC Enrichment Program. I understand and fully recognize that risks are involved. I hereby release Temple Israel of the City of New York or any of its sponsors, benefactors, vendors or employees from any liability arising out of any injury to my child. In the event of a medical or surgical emergency, I grant permission to the physician designated by Temple Israel of the City of New York to hospitalize, secure proper treatment for, and other injections, anesthesia or surgery for my child. Furthermore, I understand that payment for medical services is solely the family's responsibility.

Parent Signature: ____ Date: ________________