



The Parenting Center
@ Temple Israel of the City of New York

Playgroup

2019-2020 REGISTRATION FORM

Child's Name: _____ Nickname: _____

Gender: _____ Date of Birth: _____

Session Preferred: Monday, Wednesday Tuesday, Thursday No preference

Parents' Names: _____

Home Address: _____ Zip: _____

Home Phone # _____ Preferred Cell Phone # _____

Preferred E-mail: _____

Are you a member of Temple Israel? _____

How did you hear about the Parenting Center? _____

Please list your child's siblings/ages/ schools attended: _____

What do you hope your child will gain from this experience? _____

What grown up will likely attend with your child? _____

Parent/Guardian Signature _____ Date _____

Submission of this form is not a guarantee of admission. If space is available, a contract will be issued and must be returned, along with a \$3,000 deposit within seven (7) days.

FOR OFFICE USE ONLY

Date received _____ status _____