



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

Temple Tots

2019-2020 Registration Form

REGISTRATION INFORMATION:

Child's Name: _____ Nickname: _____

Male: _____ Female: _____ Date of Birth: _____

Are you a member of Temple Israel? _____

Session Preferred Friday 9:15 – 10:15am Friday 10:45 – 11:45am

Adult accompanying the child? _____

Please indicate any allergies/medical conditions we should be aware of: _____

FAMILY INFORMATION:

Parents' Names: _____

Home Address: _____ Zip: _____

Home Phone #: _____ Preferred Cell #: _____

Preferred Email Address: _____

How did you hear about our program? _____

Please list other children w/ dates of birth: _____

Submission of this form is not a guarantee of admission – registration is first come, first served. If space is available in the section you indicated, we will issue you a contract which must be returned – along with a **non-refundable** deposit – within 7 days.

Parent/Guardian Signature: _____ Date: _____