

**FORM DUE BY
SEPTEMBER 13, 2017**

NO DROP INS ALLOWED



**Online Registration is
available at:**

<http://bit.ly/2h3VTEQ>

TBH Member Child Programming Request Form

While adults and young people 5th grade and older are attending services, we are delighted to provide holiday themed programming for your child(ren), ages 2 years – 5 years and kindergarten – 4th grade.

Please complete both sides of this form.

Guidelines:

- For security reasons, all adults and children must present their name-badge tickets for admission to services and child programming
- Programming for children ages 2 -5 years and K-4th grades is available only at the listed times
- Once children are checked out of child programming by an adult, they must stay with an adult. Please no in and outs
- Children will only be released to adults over 18 listed on this form
- There is a minimum number of children needed in order to proceed with each session
- There is a maximum number of children for each session. Completing this form does not guarantee admission. You will receive an email confirmation by Monday, September 18
- Parent(s) must remain onsite while child is in programming

You must check the box(es) for the times you want to register your child(ren) (for more than 3 children please complete an additional form):

DEADLINE FOR ALL RESERVATIONS IS SEPTEMBER 13, 2017

Rosh Hashanah (Thursday, September 21)

Rosh Hashanah Morning (9:30am-12:00pm)

Yom Kippur (Saturday, September 30)

Yom Kippur Morning (9:30am-12:00pm)

Yom Kippur Yizkor, Afternoon Service & Neilah (4:00pm-7:00pm)

Totals:

of children _____

of services _____

(Please include this form with your ticket purchase form)

For questions regarding Youth and Child Programming, please contact Ellie Laycook, elaycook@tbhla.org.

Please complete other side

Please complete entire form.

CHILD'S INFORMATION

Child (1): _____ Grade: _____ Gender: _____ Date of Birth: _____

Child (2): _____ Grade: _____ Gender: _____ Date of Birth: _____

Child (3): _____ Grade: _____ Gender: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1:

Parent/Guardian 2:

Name: _____

Address: _____

Mobile Phone: _____

Email Address: _____

MEDICAL INFORMATION

Conditions: Child 1 _____

Child 2 _____

Child 3 _____

Medications: Child 1 _____

Child 2 _____

Child 3 _____

Allergies: Child 1 _____

Child 2 _____

Child 3 _____

Medical Release:

In the case of injury to, or illness of, a child while at Temple Beth Hillel, every effort will be made to contact the parent(s) or guardian(s). If a representative of Temple Beth Hillel is unable to reach such person, the following instruction will remain in force unless revoked by the parent or guardian: I hereby authorize Temple Beth Hillel or any authorized representative to call my child's physician or dentist (or another physician or dentist available) for necessary care for my child in case of an emergency. I agree to pay all expenses incurred. The authorizations shall be in effect September 20 - September 30, 2017. In addition, I do hereby authorize a representative(s) of Temple Beth Hillel as agent(s) for the undersigned to consent to an x-ray examination, anesthetic, medical or surgical diagnoses or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any licensed physician or surgeon, whether at the said physician's office or licensed hospital. It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment or hospital care being required, and is given to provide authority and power on any and all such examination, diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. I acknowledge that Temple Beth Hillel's liability insurance coverage provides secondary coverage only. In the event of a claim, the Temple Beth Hillel policy will not cover any expenses to the extent that they are payable under the claimant's primary insurance coverage.

Parent Signature: _____ **Date** _____