

CHILD CARE REQUEST

Child care will be available for children from 6 months to pre-kindergarten on Monday, September 30, during our morning *Rosh HaShanah* service and on Wednesday, October 9, during our morning *Yom Kippur* service. This year, there is no cost for children of temple members. For other children, including non-members, the cost for each morning of child care is \$20 for each child. Advance registration is required so we can be properly staffed and can provide quality child care. **Walk-ins will not be admitted**. Pre-register your child by returning the Child Care form. If you are not a member or if you want child care for other members of your family, please include your payment. The deadlines shown on the form below are firm.

The family room (adjacent to the sanctuary) is also available during High Holy Day services to parents with infants. Parents can hear and see the service from this room.

If you have any questions, please contact the temple office.

parent name _____

parent mobile phone # _____

for *Rosh HaShanah* (due by September 20)

		parent is a member	non-member price
child's name _____ age ____	<input type="checkbox"/> yes <input type="checkbox"/> no	\$20	
child's name _____ age ____	<input type="checkbox"/> yes <input type="checkbox"/> no	\$20	
child's name _____ age ____	<input type="checkbox"/> yes <input type="checkbox"/> no	\$20	

for *Yom Kippur* (due by October 1)

child's name _____ age ____	<input type="checkbox"/> yes <input type="checkbox"/> no	\$20
child's name _____ age ____	<input type="checkbox"/> yes <input type="checkbox"/> no	\$20
child's name _____ age ____	<input type="checkbox"/> yes <input type="checkbox"/> no	\$20
total		\$ _____

Please list any food allergies here: _____

Send or deliver this form and your payment to Temple Beth Shalom at
1461 Baltimore-Annapolis Boulevard, Arnold, MD 21012.

Check enclosed (payable to Temple Beth Shalom).

Payment by credit card (*There is a 3% processing fee for using a credit card.*)

cardholder name _____ email address _____

billing address _____
Street
City
State
Zip

card # _____ expiration date _____

signature _____ phone # _____