

# Child Care for High Holy Days

## \*RESERVATION FORM\*

Congregation Beth Torah will provide professional child care for infants and children up to 5th grade. This is offered as a service to our congregants with small children. Please be advised that we are **unable to offer structured activities for children during this time**. Child care is available 15 minutes prior to the beginning of services. Child care for all ages will be located in classrooms in the school wing.

The cost of child care is **\$12.00** per child per Holy Day. **ADVANCE RESERVATIONS ARE REQUIRED AND PAYMENTS must be received by Wednesday, September 15, 2017.**

- For infants, we ask that you bring an infant seat or blanket. Please label all items with your child's name. **Please note:** We do **NOT** provide cribs, playpens or high chairs.
- A snack of apple juice and animal crackers will be provided by Beth Torah. If you plan to keep your children in child care during lunch on Yom Kippur, please bring a sack lunch for them. Drinks will be provided.
- Children 6th grade and older SHOULD attend services with parents. **CHILDREN NOT IN CHILD CARE WILL NOT BE ALLOWED TO WANDER IN THE BUILDING UNATTENDED DURING SERVICES.**

**CHILDREN MUST BE ACCOMPANIED BY AN ADULT AT ALL TIMES.**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_  
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**Check Appropriate Times:**

**ROSH HASHANAH:**

Wednesday, September 20th \_\_\_\_\_ (7:30 p.m.)  
 Thursday, September 21st \_\_\_\_\_ Early Service (8:30 a.m.) \_\_\_\_\_ Late Service (11:30 a.m.)

**YOM KIPPUR:**

Friday, September 29th \_\_\_\_\_ Kol Nidre Early Service (6:00 p.m.) \_\_\_\_\_ Kol Nidre Late Service (8:45 p.m.)  
 Saturday, September 30th \_\_\_\_\_ Early Service (8:30 a.m.) \_\_\_\_\_ Late Service (11:30 a.m.)  
 \_\_\_\_\_ Mincha/Avodah Experience (2:00 p.m.) \_\_\_\_\_ Yizkor Service (3:45 p.m.)  
 \_\_\_\_\_ N'ilah Service (6:00 p.m.)

Number of Children for Rosh Hashanah: \_\_\_\_\_ x **\$12 each** = \_\_\_\_\_

Number of Children for Yom Kippur: \_\_\_\_\_ x **\$12 each** = \_\_\_\_\_

**TOTAL ENCLOSED = \_\_\_\_\_**

Parent Name(s): \_\_\_\_\_ Phone \_\_\_\_\_

**BILLING INFORMATION** *I am paying by:*

Check \$ \_\_\_\_\_ enclosed

Charge \$ \_\_\_\_\_ (circle one) Mastercard VISA Discover

Name on Card \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Verification Code \_\_\_\_\_ (3 digit # on back of credit card)