



5779/20178

Childcare Request Form

Available for children 3 to 8 years old

Parent's Name(s) _____ Child Name _____ Age: _____
Address _____ Child Name _____ Age: _____
Cell Phone 1 _____ Child Name _____ Age: _____
Cell Phone 2 _____ Child Name _____ Age: _____
Emergency Contact Name _____ Phone _____

Please reserve a space for my child(ren) for the following services:

Rosh Hashanah Morning, Monday, September 10, 2018 (10 am) _____
Yom Kippur Morning, Wednesday, September 19, 2017 (10 am) _____

Please read and sign below

By signing this form, I understand the following:

- Childcare is provided only during Rosh Hashanah and Yom Kippur Morning Services...
Children are expected to remain in the Childcare area until the conclusion of services...
Only listed parents or guardian have the authority to pick up their child...
Temple Solel is not responsible for lost items.

PARENT SIGNATURE

For more information, please contact Rhonda Sossin at (954) 494-1363