



High Holy Day Services Educational Childcare Grade 2 & Under Registration Form

My child, _____, age, _____ will attend Adath Israel's
(please print)

Educational Childcare during the following service(s):

_____ Rosh Hashanah Day 1 (Mon., 9/30) 9:00 a.m.–1:00 p.m.

_____ Rosh Hashanah Day 2 (Tue., 10/01) 9:00 a.m.–1:00 p.m.

_____ Yom Kippur (Wed., 10/09) 9:00 a.m.–1:30 p.m.

Please list any allergies or medical conditions your child has, as well as any medicine(s)
s/he taking: _____

Parent/Guardian Name: _____
(please print)

Parent/Guardian: Signature: _____

Address: _____

Town: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

Please send me information on: _____ Programs for Infants & Toddlers
_____ Programs for Preschoolers _____ Religious School _____ Religious Services _____ Becoming Jewish _____ Learning Hebrew
_____ Cultural/Community Events
_____ Joining the Adath Israel Community
_____ Other (Please list): _____

Please complete a separate form for each child attending and return completed form to Adath Israel, P.O. Box 337, Middletown,
CT 06457. You may also scan and email the form to office@adathisraelct.org.