

# Supervised Childcare Registration Form

## For children ages 2- 12

COST:  
\$10 per child per session

### Registration Information

*Please provide each child's name & age, and check the appropriate box for the sessions you need.*

Child's Name	Age	<b>Rosh Hashanah</b> September 30 10:30am -12:30pm	<b>Yom Kippur</b> October 8 7:00pm – 9:00pm	<b>Yom Kippur</b> October 9 10:30am - 1pm	<b>Yom Kippur</b> October 9 6:30pm- 7:30pm	Total Due

Total Due \_\_\_\_\_

### Parent Information

Parent's Name: _____ Cell Number: _____ Address: _____ City: _____ Zip: _____ Email: _____
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### PAYMENT MUST ACCOMPANY REGISTRATION

<input type="radio"/> Check enclosed: \$ _____ Credit Card: _____ Exp Date: _____ <input type="radio"/> Please charge the credit card you have on file for me.
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email form to [fran@chabadofgwinnett.org](mailto:fran@chabadofgwinnett.org)  
 Form is also available online at [www.chabadofgwinnett.org](http://www.chabadofgwinnett.org)

For more information call 678-408-0196.

