

2017 High Holiday Children's Services Registration Form 5778

Check the box(es) corresponding to the day(s) and program each child will attend.

Please send your completed Registration form by Tuesday, September 5th to: **Congregation Beth Elohim, 133 Prospect St., Acton, MA 01720, Attn: Ezra.** The fee, regardless of the number of services attended, is \$18 per child with a cap of \$36 per family. **There is no fee for children in grades 7 and 8.** Checks should be made payable to: **Congregation Beth Elohim.** **PLEASE LET CBE KNOW IF YOUR CHILDREN HAVE ANY SPECIAL NEEDS, SO THAT WE CAN DO OUR BEST TO ACCOMMODATE.**

Name of child: _____ Age: _____ Grade: _____	<input type="checkbox"/> Kindergarten & Grade 1 <input type="checkbox"/> Grades 2 & 3 <input type="checkbox"/> Grades 4 to 6 <input type="checkbox"/> Grades 7 & 8	<input type="checkbox"/> Rosh Hashanah 1 <input type="checkbox"/> Rosh Hashanah 2 (only to Grade 6) <input type="checkbox"/> Yom Kippur
Name of child: _____ Age: _____ Grade: _____	<input type="checkbox"/> Kindergarten & Grade 1 <input type="checkbox"/> Grades 2 & 3 <input type="checkbox"/> Grades 4 to 6 <input type="checkbox"/> Grades 7 & 8	<input type="checkbox"/> Rosh Hashanah 1 <input type="checkbox"/> Rosh Hashanah 2 (only to Grade 6) <input type="checkbox"/> Yom Kippur
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I will be assigned a shift to chaperone my 7th /8th grader after the teen service (about 11:15-1:00, 15-20 minute intervals): _____

Please check one of the following:

- One child, \$18 enclosed
- Multiple children, \$36 enclosed
- Please waive fee as it poses a financial hardship – no check enclosed

Adult(s) responsible for picking up children:

If you have any questions or would like additional information, please contact **Lauren & Chuck Pollak** at lpollak@gmail.com