



**TEMPLE EMANU-EL  
EARLY CHILDHOOD COMMUNITY  
INFANT PROGRAM APPLICATION**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex M \_\_\_ F \_\_\_  
(Last Name) (First Name)

I anticipate my child will start school on \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Temple/Synagogue Affiliation \_\_\_\_\_

Parent 1's Name \_\_\_\_\_ Parent 1's Primary Phone \_\_\_\_\_

Parent 2's Name \_\_\_\_\_ Parent 2's Primary Phone \_\_\_\_\_

Primary Email \_\_\_\_\_

Siblings (and ages) \_\_\_\_\_

Temple/Synagogue Affiliation \_\_\_\_\_ We are a Jewish \_\_\_, Interfaith \_\_\_, Non-Jewish family \_\_\_ (optional)

How did you hear about our program \_\_\_\_\_

Please check the desired days:

Monday  Tuesday  Wednesday  Thursday  Friday

A non-refundable registration fee of \$200.00 is enclosed.

Return this form with your non-refundable deposit to:

Temple Emanu-El  
14450 W. Ten Mile Road  
Oak Park, MI 48237

I hereby give permission for my child to participate in all programs, including photographs, activities and field trips as part of the Temple Emanu-El Early Childhood Community. I understand and fully recognize that risks may be involved. I hereby release Temple Emanu-El Early Childhood Community and its employees from liability arising out of any injury to my child.

If you have any questions, call Eileen Brand, Early Childhood Community Director, at 248.967.4847.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_