



**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 _____