

# High Holy Days Children's Program Registration

2010/5771

For Children Ages 3 and Older

Please return this form by **August 5, 2010**

Kol Ami offers High Holy Day educational programs for our children ages 3 and older. Under the direction of Anne Hromadka, and our counselors, we will create fun and exciting activities for our children to explore their Jewishness while observing the High Holy Days. Please indicate on the enclosed form if you wish your child(ren) to participate. A light lunch will be served, however, if your child(ren) have special needs, please bring food with you.

There is a nominal fee of \$5 per child per service for childcare.

Children's services will be held at 10:30 AM on both Rosh Hashanah (day one only) and Yom Kippur.

**Note: Children MUST be registered to be admitted to the program.**

Responsible parent's name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Number of child(ren) to be enrolled: \_\_\_\_\_

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ \$5

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ \$5

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ \$5

Total \_\_\_\_\_

### SERVICES YOU PLAN TO ATTEND:

- Erev Rosh Hashanah (9/8/10, 8:00 PM)       Yom Kippur (9/18/10, 10:00 AM)  
 Rosh Hashanah, first day (9/9/10, 10:00 AM)       Healing/Yizkor/Neilah (9/18/10, 3:30 PM)  
 Kol Nidre (9/17/10, 8:00 PM)

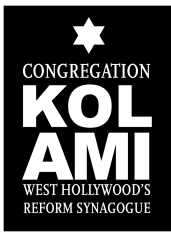
Comments or special instructions: \_\_\_\_\_

- Please provide snack for my child(ren)       I will provide my own snack for my child(ren)

### REQUIRED

You must complete the medical release form printed  
on the reverse side of this flyer to enroll your child(ren).

Thank you.



# High Holy Days Children's Program Medical Release Form

2010/5771

In order for your child(ren) to be officially enrolled in the High Holy Day program, this form **must** be completed in full and returned with a completed registration form.

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Allergies / Food Sensitivities: \_\_\_\_\_

Medications taken: \_\_\_\_\_

### Emergency Contact

Responsible parent's name: \_\_\_\_\_

Mobile: \_\_\_\_\_ Alternate: \_\_\_\_\_

### Medical Release

I hereby give permission for the above named child(ren) to be given emergency care as administered or authorized or directed by an adult person acting on behalf of Congregation Kol Ami Children's Program. Such care may include x-ray examination, rendered to said minor under the supervision and upon the advice of a physician or surgeon licensed under the provisions of the Medicine Practice Act, and x-ray examination, anesthetic, dental or surgical diagnosis, treatment and/or hospital care to be rendered to said minor by dentist licensed under the Dental Practice Act, all pursuant to the Civil Code Section 25.8. I understand that every attempt will be made to reach the child's parent, guardian, or physician prior to above treatment.

I will assume financial responsibility for any and all treatment rendered under these circumstances.

Parents and/or guardians agree to indemnify and to hold Congregation Kol Ami harmless from any and all claims for medical expenses or treatment arising from attendance at the Congregation Kol Ami Religious School or activities.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_