



TEMPLE BETH DAVID

EARLY CHILDHOOD LEARNING CENTER

Fall Mommy & Me 13 Classes Enrollment Application 2016

Child's Name: _____ Date of Birth: _____

Home Address: _____

Home Phone: _____

Parent 1: _____ Parent 2: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Temple Beth David Member _____ Non-member _____

Other Temple Affiliation _____

Allergies/Health Concerns _____

Beginning September 21st
Wednesdays 10:00 –11:15
Lunch Bunch 11:15-11:45

Dates of Classes:
9/21,9/28,10/5,10/19,10/26,11/2,11/9,11/16,11/23,11/30,12/7,12/14,12/21

Payment in full due upon registration: \$195.00
Check payable to Temple Beth David

Parent's Signature: _____ Date: _____