

# HEA High Holiday Babysitting Registration 2017-5778

Available at **HEA Synagogue for Traditional Services**  
or **Bethany Lutheran Church for Shir Hadash**

**Babysitting is available for children six months - 3 years with pre-registration.**

To insure adequate staffing, safety and security, advanced reservations with payment are required. Due to lack of previous registration for Kol Nidre and Yom Kippur evening babysitting, these services will not be provided this year. Contact Stacy Wasserman with any questions: 303-758-1426 or swasserman@headenver.org

**Junior Congregation is provided for children age 4 years and up at no cost. Contact Rabbi Amanda Schwartz for registration information.**

<b>#1 1st Day Rosh Hashanah</b> Thursday, September 21 9:30am-1:30 pm at HEA or Bethany	<b>#2 2nd Day Rosh Hashanah</b> Friday, September 22 9:30 am-1:30pm at HEA or Bethany	<b>#3 Yom Kippur Morning</b> Saturday, September 30 9:30 am-2:30pm at HEA 9:30 am-1:30 pm at Bethany
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- ✓ Please bring written instructions if your child has special needs, such as allergies.
- ✓ Please provide a diaper bag with diapers, wipes, and a change of clothing.
- ✓ Please consider your infant or toddler's eating times and provide bottles, sippy cups and lunches as needed.
- ✓ Children will need to bring a **dairy lunch on Yom Kippur**. Please put your child's name on the lunch. We will provide a snacks at all sessions.
- ✓ Please label ALL of your child's personal items including diaper bag, "blankies," pacifiers, bottles, sippy cups and any other necessary items.

**Please circle the sessions you will need childcare for each child below:**

**Traditional Service— at Hebrew Educational Alliance Synagogue (3600 South Ivanhoe Street, Denver, CO)**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Session (s) 1 2 3

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Session (s) 1 2 3

**Shir Hadash Services—at Bethany Lutheran (4500 East Hampden Ave, Denver, CO)**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Session (s) 1 2 3

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Session (s) 1 2 3

**Total # Sessions** \_\_\_\_\_ **X \$20 per session= \$** \_\_\_\_\_

**All reservations MUST be received in the Preschool office by September 12, to avoid paying a late fee.**

**Late Registration (received after 9/12/17) : Total # Sessions** \_\_\_\_\_ **x \$32 per session \$** \_\_\_\_\_

**Total Enclosed** ..... \$ \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_ Phone # \_\_\_\_\_

Email address: \_\_\_\_\_

Please bill my  Visa  MasterCard  Discover

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ 3-Digit Security Code \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_