



UNITED
SYNAGOGUE
OF HOBOKEN



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OF HOBOKEN
KAPLAN
COOPERATIVE
PRESCHOOL

2018 High Holy Days Childcare

We are happy to offer babysitting during the High Holidays. Led by our Kaplan Cooperative School early childhood staff, your children will be cared for in our safe, fun and nurturing preschool classes.

- This service is provided for children who are between walking toddlers up to 6 years of age.
- We regret we do not have the staff to safely take care of infants. However, please feel free to use the babysitting room if you need place to sit with your baby, nurse or feed your young child.

Babysitting will be available for the following dates and times:

Rosh HaShanah Eve (Day 1)	Sun., Sept. 9	7 pm – 8:30 pm
Rosh HaShanah (Day 1)	Mon., Sept. 10	10 am – 1:30pm
Rosh HaShanah (Day 2)	Tues., Sept. 11	10 am – 1:30 pm
Kol Nidre	Tues., Sept. 18	6:30 pm -9:30 pm
Yom Kippur	Wed., Sept. 19	10 am–2:30pm AND 6pm–7:30pm**

**Children are invited into the Sanctuary just before the final Shofar blowing at 7:40pm.

- This service is **FREE** for synagogue members. However, we do ask that you register your children in advance using this form so that we can adequately staff the rooms.
- There is a \$25 per family charge for babysitting if you are not current members of the United Synagogue of Hoboken. This cost covers babysitting for all High Holy Days services.
- We would appreciate payment made in advance via check with this form or via PayPal on our website.
- Forms and payment are due no later than September 5, 2018
- Please make sure that all items brought to the babysitting rooms are labeled with the child's name.
- We reserve the right to provide babysitting services exclusively to families that have made reservations.

United Synagogue of Hoboken
Kaplan Cooperative Preschool
115 Park Avenue / Hoboken NJ 07030
www.hobokensynagogue.org
201 653-8666
ushpreschool@gmail.com



High Holy Days 2018 – 5779 Childcare Reservation Form

Child #1

Name: _____ Male _____ Female _____ Date of Birth _____ Age: _____

Allergies & Other Medical Information: _____

Anything Else you would like to tell us: _____

Child #2

Name: _____ Male _____ Female _____ Date of Birth _____ Age: _____

Allergies & Other Medical Information: _____

Anything Else you would like to tell us: _____

Child #3

Name: _____ Male _____ Female _____ Date of Birth _____ Age: _____

Allergies & Other Medical Information: _____

Anything Else you would like to tell us: _____

All information must be completed. Please check the applicable dates and times:

RH eve (9/9)___ 1st day RH (9/10)___ 2nd day RH (9/11)___ YK eve (9/18)___ YK morning (9/19 am)___ YK end (9/19 pm) ___

Parent Name(s): _____

Parent Phone Number(s): _____

Address: _____

Email Address: _____

Please return to the USH office before September 4, 2018:
USH * Kaplan Cooperative Preschool * 115 Park Avenue * Hoboken, NJ 07030
For questions call 201 653-8666 or email at ushpreschool@gmail.com



We strive to include all children in our programs. Contact Rachelle Grossman, KPS Director, to discuss individual needs