



<b>FOR OFFICE USE ONLY</b>
Date received _____
Amount : _____

**GUEST BABYSITTING FOR HIGH HOLY DAY SERVICES 5779/2018**

*Children ages 2 through 4 years old*

We will offer babysitting services, **on a reservation basis only**, for High Holy Day Services. If you register your child **by FRIDAY, AUGUST 17, 2018**, the cost is **\$20 per session per child**; **after AUGUST 17**, the cost is **\$25 per session per child**. **All** registration forms for babysitting **must** be in by **FRIDAY, AUGUST 31, 2018**. *If your children are not pre-registered for babysitting, they will not be able to take advantage of these services.* **PLEASE NOTE: BABYSITTING WILL BE ARRANGED BASED ON THE SERVICE TIMES YOU ATTEND. PLEASE CHECK ✓ REQUESTED SERVICE TIME FOR ROSH HASHANAH DAY, KOL NIDRE AND YOM KIPPUR.**

Parent Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

TOTAL (please make check payable to TKE) \$ \_\_\_\_\_

PLEASE LIST ALL ALLERGIES: \_\_\_\_\_

Service	Time	Child Name	Child Age	Amount
Erev RH 9/9	8:00 p.m.			
RH 9/10	9:00 a.m.			
RH 9/10	12:30 p.m.			
Erev YK 9/18	8:00 p.m.			
YK 9/19	9:00 a.m.			
YK 9/19	12:30 p.m.			

**If paying by credit card:**

Name as it appears on credit card: \_\_\_\_\_

Visa / MC Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_