TEMPLE ISRAEL CENTER
2007-2008 YOUTH PROGRAMMING REGISTRATION
FOR 3RD-12TH GRADERS

Parents' Names:_____ Home Phone #:_____
Parents' Cell Phone Numbers:_____
Address:_____
Emergency Contact Person and Phone # (in case parents can't be reached):_____
Parents' email address to receive youth programming information:_____

Names of your children	Grade level as of 9/07	Email address of each child	Birthdate

Anything we should know about your child(ren)?—including **FOOD ALLERGIES**:

Release Form:
In case of emergency, I understand that every effort will be made to contact me. In the event that I am unavailable, I give permission to the representative designated by the Youth & Family Educator to obtain proper medical treatment for my child.

_____ _____
Parent's Signature Date

Pediatrician's name and phone number:_____

YOUTH DUES	# of children in this age group	Multiply by yearly dues	Total dues for each age group
Ruah (grades 3-5)		$45	
Kadimah (grades 6-8)* USY (grades 9-12)		$55	
		TOTAL DUES	
		Additional donation to support TIC Youth & Family Programming	
		TOTAL AMOUNT	

*** During your child's Bar/Bat Mitzvah year, the youth dues are free.**

Please send this form in with the dues payment made payable to Temple Israel Center to Eliza Zipper, Youth Director, Temple Israel Center, 280 Old Mamaroneck Road, White Plains, NY 10605. If you have any questions, please contact me at 948-2800 x113 or e.zipper@templeisraelcenter.org.
Looking forward to a great year of youth events!! --Eliza Zipper, Youth Director