



# Congregation Emanu-El High Holy Day Child Care Registration Form

Childcare is held in Guild Hall and is available for children ages 2 years to 10 years old.  
Childcare opens at 5:30 pm for the evening services, 8:00 am for morning services  
and 5:00 pm for Yizkor/Neilah services.

Childcare is available only for the services listed below.

***You must come inside the childcare room to pick up your child after services.  
All children will remain in the childcare room until a parent arrives for pick-up.***

**ADULT NAME(s)** \_\_\_\_\_

**Cell Phone #(s)** \_\_\_\_\_



**Name** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

Age: \_\_\_\_\_ Gender: (circle) M F

**Additional information for our staff (medical/food restriction, allergies):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHILD 1

- Erev Rosh Hashanah Service:  5:30-8pm  8-10:30pm
- Rosh Hashanah Service:  8-10:30am  11-1:30pm
- Kol Nidre Service:  5:30-8pm  8-10:30pm
- Yom Kippur Service:  8-10:30am  11-1:30pm
- Yizkor & Neilah Service:  5-7pm



**Name** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

Age: \_\_\_\_\_ Gender: (circle) M F

**Additional information for our staff (medical/food restriction, allergies):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHILD 2

- Erev Rosh Hashanah Service:  5:30-8pm  8-10:30pm
- Rosh Hashanah Service:  8-10:30am  11-1:30pm
- Kol Nidre Service:  5:30-8pm  8-10:30pm
- Yom Kippur Service:  8-10:30am  11-1:30pm
- Yizkor & Neilah Service:  5-7pm



**Name** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

Age: \_\_\_\_\_ Gender: (circle) M F

**Additional information for our staff (medical/food restriction, allergies):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHILD 3

- Erev Rosh Hashanah Service:  5:30-8pm  8-10:30pm
- Rosh Hashanah Service:  8-10:30am  11-1:30pm
- Kol Nidre Service:  5:30-8pm  8-10:30pm
- Yom Kippur Service:  8-10:30am  11-1:30pm
- Yizkor & Neilah Service:  5-7pm

### AUTHORIZATION CONSENTING TO TREATMENT

I authorize Congregation Emanu-El to have my child(ren) brought to Kaiser, California Pacific Medical Center, or to an otherwise specified emergency facility for treatment if I cannot be reached in an emergency. This authorization shall remain effective until October 10, 2008..

Parent/Guardian (Print Name): \_\_\_\_\_ Daytime Phone #: (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian (Signature): \_\_\_\_\_ Evening Phone #: (\_\_\_\_\_) \_\_\_\_\_

*A donation of \$5.00 per child per service will be most appreciated*