



## Temple Beth Shalom Temple Tots

Registration Form for Winter/Spring 2010 Session

### Temple Tots I (0-12 Months)

Thursdays February 18<sup>th</sup> - April 29<sup>th</sup>, 2010 (no class on April 1<sup>st</sup>) 9:15am-10:15am

*This program is designed for you and your baby to gather together with other parents and caregivers for support and topical discussions guided by group interest. In addition, you and your child will spend time together singing songs and learning through developmentally appropriate activities, with Judaism at the heart of the program.*

Temple Beth Shalom Member \$ 105.00 for 10 week session

Non- Member \$ 125.00 for 10 week session

### Temple Tots II (12-24 months)

Thursdays February 18<sup>th</sup> - April 29<sup>th</sup>, 2010 (no class on April 1<sup>st</sup>) 10:30am-11:30am

*Temple Explorers provides older toddlers and their parents and caregivers the opportunity to learn and grow through developmentally appropriate songs and activities that begin to prepare them for a more structured classroom experience. Parents and caregivers are offered the opportunity to discuss issues and concerns related to caring for their children, as guided by group interest.*

Temple Beth Shalom Member \$ 105.00 for 10 week session

Non- Member \$ 125.00 for 10 week session

**Registration forms are due by February 10<sup>th</sup>, 2010. Please remember that class sizes are limited.**

Please complete the following information and return with registration fee to:

Adrienne Roth, Director of Early Childhood Education  
Temple Beth Shalom  
1461 Baltimore-Annapolis Blvd.  
Arnold, MD 21012  
Telephone: (410) 757-0552  
Fax: (410) 757-2475

**Temple Tots I (0-10 months)** \_\_\_\_\_

**Temple Tots II (11-22 months)** \_\_\_\_\_

**Temple Explorers (22+ months)** \_\_\_\_\_

**Name of Child** \_\_\_\_\_

**Name of Mother** \_\_\_\_\_

**Name of Father** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Child's DOB** \_\_\_\_\_

**Child's Age** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Allergies/ Medications** \_\_\_\_\_

**How did you hear about our program?** \_\_\_\_\_

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