



Beth Israel’s High Holy Days childcare program is designed for children from 2 - 5 years of age, providing supervised activities, while their older siblings and parents are at Beth Israel’s morning services. The childcare room is staffed by Bill and Sid Rubin Preschool teachers.

DATES: Rosh Hashanah morning, Monday, September 26
Yom Kippur morning, Wednesday, October 5

LOCATION: Please check in at the Preschool Playground (2nd level)

TIME: 8:00 - 10:30 a.m. All children must be picked up by 11:00 a.m.

COST: Childcare is offered at no cost. However, pre-registration is required for both Rosh Hashanah and Yom Kippur

TO REGISTER, complete this form and return it by Friday, August 5, 2022, to:
Beth Israel, Attn: Preschool, 9001 Towne Centre Drive, San Diego, CA 92122-1222
Questions? Call (858) 535.1111 ext. 2531.



I, the parent/legal guardian of _____, DOB _____, a minor, give permission for my child named above, to participate in the Beth Israel High Holy Days childcare program for children 2-5 years of age from 8:00 - 10:30 a.m. on Rosh Hashanah, September 26, 2022 and/or Yom Kippur, October 5, 2022.

I authorize the Beth Israel staff conducting this program to consent, in my absence, to medical treatment to be rendered to my child under the supervision and upon the advice of a physician. I understand that Beth Israel staff may, in the event of a minor injury, take care of routine first aid needs, and in the event further medical treatment is required, the staff will obtain the appropriate care for my child and I will be notified. Should there be a cost for treatment, I understand the primary financial responsibility for such care belongs to me as a parent/legal guardian. I further understand that Beth Israel's insurance payments are secondary to my own and, if as a result from injury, there are medical expenses not covered by my own insurance, upon receipt of proper claim, I may apply for reimbursement from Beth Israel's insurance to a maximum limit of five thousand dollars.

Name of Parent/Legal Guardian (please print): _____

Date: _____ Signature of Parent/Legal Guardian: _____

Daytime phone: (_____) _____ Cell Phone/Pager: (_____) _____

Physician Name: _____ Phone: (_____) _____

In the event that I cannot be located, please call (please print):

Name: _____ Relationship: _____

Daytime phone: (_____) _____ Cell Phone/Pager: (_____) _____