



# CHILDREN'S PROGRAM/SERVICE

2022/5783



Beth Israel's High Holy Days children's program is designed for children Kindergarten through 2nd grade. A meaningful age-appropriate program and service will enhance their High Holy Day Experience.

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

LOCATION: Please check in at the front of Room 200

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

COST: Children's Programming 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: Religious School, 9001 Towne Centre Drive, San Diego, CA 92122-1222  
Questions? Call (858) 535.1111 ext. 2555.



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 children's program for children kindergarten - 2nd grade from 8:30 - 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: (\_\_\_\_\_) \_\_\_\_\_