



18 Shalom Way  
Scotch Plains, NJ 07076  
908-889-1830 Fax: 908-889-5523

## Babysitting – High Holidays – 2014/ 5775

(Children ages 2 to 6 yrs old)

Babysitting will be available **ONLY** at the JCC during morning services on Rosh Hashanah and Yom Kippur for children between the ages of two and six. **These services will be for those ticket holders who pre-register. There will be no drop-ins accepted.**

The babysitting schedule is as follows:

|                 |               |           |               |
|-----------------|---------------|-----------|---------------|
|                 | Rosh Hashanah | Kol Nidre | Yom Kippur    |
| <b>JCC ONLY</b> | 9:30am-1:30pm | NONE      | 9:30am-1:30pm |

Light snacks will be provided. Parents must provide diapers and wipes. We recommend you provide a dairy lunch for your child. Although the staff will plan some activities, it is suggested that children bring some special toys or books. Please mark these items. Please note that coloring, drawing or cutting of any kind is prohibited on the holiday. Parents should not remain in the room.

## Babysitting Form – High Holidays 2014/ 5775

Parent(s) Name(s) \_\_\_\_\_

Parent Will be Attending Services at: \_\_\_\_\_ CBI \_\_\_\_\_ JCC

Person(s) Authorized to pick up child in case of emergency: \_\_\_\_\_

Relationship to Child \_\_\_\_\_

| Name | Age | Rosh Hashanah Day One | Rosh Hashanah Day Two | Yom Kippur |
|------|-----|-----------------------|-----------------------|------------|
|      |     |                       |                       |            |
|      |     |                       |                       |            |
|      |     |                       |                       |            |

**Medical Permission:** I hereby give permission for my child to participate in all Congregation Beth Israel High Holiday Babysitting activities. I understand that Congregation Beth Israel does not assume responsibility for injury and that in case of emergency, I hereby give permission to Congregation Beth Israel to secure proper medical treatment for my child at a hospital or by a physician selected by Congregation Beth Israel at no cost to Congregation Beth Israel.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**The fee for babysitting is \$20.00 per day for one child, and \$10.00 per day for siblings.**

Amount Enclosed: \_\_\_\_\_

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