

## Bagels & Blocks 2012-13 Registration Form (Open to Kids 2-5 years old)

Session # (circle): Fa	ll Winter Spring	3
Parent 1		
Name	Last Name	
Address (Street, City, St,	Zip)	
Home Phone	Cell Phone	
Work Phone		
Which phone number d	o you prefer we use to contact you	u?
E-mail Address:		
Parent 2 or Caregiver at	<u>tending</u>	
First Name	Last Name	
Address (Street, City, St,	Zip)	
Home Phone	Cell Phone	
Work Phone		
Which phone number d	o you prefer we use to contact you	u?
E-mail Address:		
Child 1's Information		
First Name	Last Name _	
Birthday (MM/DD/YYY	YY)	_ Gender (circle) M / F
Child 2's Information		
First Name	Last Name _	
Birthday (MM/DD/YY)	YY)	_ Gender (circle) M / F



Please provide any health information we should know about your child(ren). Allergies, disabilities, special needs, etc.		
Any siblings in family? (name, age):		
Emergency Contacts		
Name	Relationship to Children	
Primary Phone #	Secondary Phone #	
Name	Relationship to Children	
Primary Phone #	Secondary Phone #	
& Blocks program at Beth Chaverim Refo to BCRC, the Bagels & Blocks program, a with participation in the Bagels & Blocks me, and my child, during the Bagels & B.	low, I grant permission for my child to participate in the Bagels orm Congregation ("BCRC"). I agree to waive claims of liability nd the facilitator, for any potential risks that may be associated a program. I further agree that photographs may be taken of locks groups and that these photographs may be used for urposes related to the operation of BCRC, and may be posted on	
	discount for a second child in a family): \$scount for a second child in a family): \$	
Signature of Parent		
Date		

Please return with your check to:

Vice President of Education Attn: Bagels & Blocks Beth Chaverim Reform Congregation 21740 Beaumeade Circle, Suite 100 Ashburn, VA 20147