



Ganeinu Baby Summer Session

Parent Participation Program

Temple Isaiah of Contra Costa County

9:45 am -10:45 am

6/25, 7/2, 7/9, (NOT 7/16), 7/23, 7/30/8/6

Child's name _____

Parents/Caretakers names _____

Birth date _____

First Born? Yes__ No__ Siblings names and ages _____

Address _____

Home Phone # _____ Cell # _____

Emergency contact # _____

E-mail Address _____

I agree to enroll with my child in the Ganeinu Baby parent participation program for a nine-week session beginning June 25th, 2010. The program will be held at Temple Isaiah on Friday mornings from 9:45am –10:45pm. I hereby agree to pay the 6-session fee of (Please circle one):

\$90 (temple members)

\$102 (non-members)

Waiver of Liability:

I agree to waive claims of liability from temple Isaiah, the Ganeinu program, and the facilitator, for any potential risks that may be associated with participation in the Ganeinu program.

I further agree that photographs may be taken of me, and my child, during the Ganeinu groups and that these photographs may be used for educational, public relations, and may be posted on the Ganeinu website.

I have read and understood this release.

Parent/Guardian

Date

Please submit this application and check for the full tuition, (payable to Temple Isaiah) to:
Ganeinu c/0 Temple Isaiah 3800 Mt. Diablo Blvd. Lafayette, CA 94549

**Enrollment is based upon a first-come, first-serve basis
Due to limited space, program fees are non-refundable**

Any questions? Please contact: ganeinu@temple-isaiah.org or
call the Early Childhood Office at (925) 284-8453



Ganeinu Toddler Summer Session

Parent Participation Program

Temple Isaiah of Contra Costa County

9:15 am -10:45 am

6/25, 7/2, 7/9, (NOT 7/16), 7/23, 7/30/8/6

Child's name _____
Parents/Caretakers names _____
Birth date _____
First Born? Yes ___ No ___ Siblings names and ages _____
Address _____
Home Phone # _____ Cell # _____
Emergency contact # _____
E-mail Address _____

I agree to enroll with my child in the Ganeinu Toddler parent participation program for a nine-week session beginning June 25, 2010. The program will be held at Temple Isaiah on Friday mornings from 9:15am –10:45pm. I hereby agree to pay the 6-session fee of (Please circle one):

\$108 (temple members)

\$120 (non-members)

Waiver of Liability:

I agree to waive claims of liability from temple Isaiah, the Ganeinu program, and the facilitator, for any potential risks that may be associated with participation in the Ganeinu program.

I further agree that photographs may be taken of me, and my child, during the Ganeinu groups and that these photographs may be used for educational, public relations, and may be posted on the Ganeinu website.

I have read and understood this release.

Parent/Guardian

Date

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