

BETH EL BABIES PRESENTS

MOMMY & ME

with
Miss Sam!

A new take on
Mommy & Me,
with an emphasis
on sensory play

Sensory activities encourage exploration and facilitate learning organically. This program will provide your toddler with a sense of self as they grow and develop in the warm and nurturing environment that the Beth El Early Learning Center provides. A strong foundation will be set for these young toddlers as they learn to share, play cooperatively and respect their peers through stories, songs, music, art and movement.

**About the teacher,
Samantha Barhai**

Samantha Barhai holds a Bachelor's Degree in Sociology and Child Development and a Master's Degree in Education Administration. She has taught at the Beth El Learning Center since 2014, and brings a unique sense of warmth and fun to her classroom.

For more information, or to sign up for the class, please contact **Cindy Korshin, Director of the Beth El Early Learning Center** at 561-391-9091 or ckorshin@tbeboca.org.



**For babies
12-24 months**
with parent or caregiver

**18 Tuesdays
January 8 through
May 14, 2019
11:00am to 12:30pm
\$450**

**no class on 3/19/19*

**Transition
Class for Toddlers
born January 1, 2017
to May 31, 2017**
with parent or caregiver

36 classes
January 8 through May 16, 2019
Tuesdays: 9:00am to 10:30am
Thursdays: 9:00am to 12:00pm
\$1,152

**no classes on
3/19 & 3/21/19*

Child's Name	Child's Birth Date / /	Gender
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FAMILY INFORMATION

➔ **PARENT 1**

Name		Cell Phone	
Home Phone		Work Phone	
Email			
Street Address	City	Zip	Subdivision
Occupation		Name of Business	
Birth date / /		Hebrew name (if Jewish)	
Religious Background: <input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Conversion <input type="checkbox"/> Non-Jewish (denomination)_____ <input type="checkbox"/> None			

➔ **PARENT 2**

Name		Cell Phone	
Home Phone		Work Phone	
Email			
Street Address	City	Zip	Subdivision
Occupation		Name of Business	
Birth date / /		Hebrew name (if Jewish)	
Religious Background: <input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Conversion <input type="checkbox"/> Non-Jewish (denomination)_____ <input type="checkbox"/> None			

Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Date of marriage / /
Child resides with: <input type="checkbox"/> Both parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Other_____	

➔ **OTHER PEOPLE RESIDING IN HOUSEHOLD, INCLUDING CHILDREN**

Name		Relationship
Birth date	Grade	If child, school attending

Name		Relationship
Birth date	Grade	If child, school attending

Name		Relationship
Birth date	Grade	If child, school attending