

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 Early 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
Samantha Barhai at 561-391-9091
or sbarhai@tbeboca.org.**

**For babies
12-18 months**
with parent or caregiver

**13 Tuesdays:
September 3 to
December 10, 2019
11:00 am - 12:30 pm**
(no classes on 10/1, 10/8, 12/7)

\$325

**For babies
18-24 months**
with parent or caregiver

**14 Thursdays:
September 5 to
December 12, 2019
9:00 am - 10:30 am**
(no class on 11/28)

\$350

CHOOSE YOUR CLASS



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Payment is due in full

_____ Enclosed is a personal check (check # _____)
_____ Charge my credit card (\$ _____)

PLEASE CHARGE MY CREDIT CARD

Name on Card	
Credit Card #	Exp. Date
Signature	Date

PLEASE READ AND INITIAL THE FOLLOWING ITEMS AND SIGN BELOW

_____ I hereby enroll my child in the Beth EI Babies. I understand and agree to the terms as stated on this form.

_____ There will be no adjustments to my child's tuition because of illness, vacation, early withdrawal or weather closings.

_____ If I cannot be contacted in the event of an emergency, I hereby grant permission to Beth EI Early Learning Center to authorize any emergency action necessary to ensure the safety of my child.

_____ It is my responsibility to inform Beth EI Early Learning Center of any changes in my contact information.

_____ Participation in our Early Learning Center program inevitably involves some risk of injury or illness. Young children sometimes get sick and sometimes they get hurt on the playground or during other physical activities. By signing this form I consent to my child's participation in physical activities and playground time and should my child sustain an injury or

illness, I agree to release and hold harmless Temple Beth EI of Boca Raton and its officers, directors and employees from any and all liability arising from my child's participation. I also promise not to sue Temple Beth EI or any of its officers, directors or employees as a result of my child's participation.

_____ I give permission to use photographs of my child for publicity or marketing purposes without compensation.

_____ I grant permission to be included in class lists.

_____ Parents must remain in the building until their child turns two.

_____ A State of Florida medical form #6040 and immunization form #680 must be submitted prior to the first day of the program. No child will be permitted to attend without these forms with exceptions for medically contraindicated vaccinations only.

Signature X _____ Date _____

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