

# Congregation Beth Am Presents:

## Child Care

(18 months to 5 years)

## Children's Program

(Kindergarten to 6<sup>th</sup> Grade)

# HIGH HOLY DAYS



2019 • 5780

# HIGH HOLY DAY CHILD CARE AND CHILDRENS PROGRAMMING

August 2019  
5798 Av

Dearest Beth Am Families:

We are once again excited to offer an incredible program of High Holiday Children's Services! By hiring our talented teachers and diverse group of specialists, we will engage the students in fun and meaningful ways. With our Madrikhim as support we will offer a solid experiential education experience for Kindergarten through 6th grade. In addition all children will attend a fun and dynamic service co-lead by Rabbi Earne and our Music Teacher, Moreh Alan Alpert.

Children's Services are offered for Day 1 and 2 of Rosh Hashanah, as well as Kol Nidre and Yom Kippur. In addition we will be offering a family Neilah service on Yom Kippur at 6:15pm.

All programming for K to 6th grade students will be free of charge for all Beth Am Members.

Our 7th grade students will once again participate in a special program. Based on the Rabbinic Adage that the world stands on three pillars Torah, Avodah and Gemilut Hasadim, (Torah, Service and Acts of Kindness) our 7th Graders on the first day of Rosh Hashanah and Yom Kippur will have a chance to participate in each of these step, by learning with our Director of Youth Engagement and teens (Torah), by attending services (Avodah), and by welcoming guests as ushers during the High Holy Days (Gemilut Hasadim).

Lastly, our teens will participate in learning with our Director of Youth Engagement on the first day of Rosh Hashanah and Yom Kippur.

**The CHILDREN'S PROGRAM** for kindergarten through 6<sup>th</sup> Grades will include:

- Special Service in the Beit Midrash
- Shofar Blowing
- Special guests with some fun activities
- Awesome Art Project
- Active Learning on the second day of Rosh Hashanah led by our Director of Youth Engagement, Joanne Morgenthal

**CHILD CARE** is offered in the Early Childhood Center to children between the ages of 18 months through 5 years.

We look forward to seeing your family and aim to accommodate as many children as possible. **In order to do this we will not be accepting any late registration.** If your child(ren) is not registered by the final deadline on September 23, 2019, we will not be able to accommodate him or her. Therefore, it is vital that you complete the attached forms and return them to Beth Am with payment as soon as possible.

The attached forms must be completed for all children participating in High Holy Day Child Care and/or Children's Program.

**NO CHILDREN WILL BE ACCEPTED WITHOUT PROPER PAPER WORK.**

Warmly,

Rabbi Matthew Earne,  
*Education Rabbi*

Joanne Morgenthal,  
*Director of Youth Engagement*



**Congregation  
Beth Am**  
בית עם

**CONGREGATION BETH AM**  
**HIGH HOLY DAY**  
**CHILD CARE AND CHILDREN'S PROGRAM**



**PLEASE KEEP FOR YOUR RECORDS**

**Schedule for High Holy Day Child Care**  
**Children ages 18 months to 5 years**

Monday, September 30	1 <sup>st</sup> Day Rosh Hashanah	10:00 AM – 1:00 PM
Tuesday, October 1	2 <sup>nd</sup> Day Rosh Hashanah	10:00 AM – 1:00 PM
Tuesday, October 8	Kol Nidre 1 <sup>st</sup> Service	5:45 PM – 8:00 PM
Wednesday, October 9	Yom Kippur	10:00 AM – 1:00 PM
Wednesday, October 9	Yizkor, Minha & Neila	3:45 PM – 8:00 PM

**Cost: CHILDCARE ONLY**

**EarlyBird Special until September 3<sup>rd</sup>**

- \$20 per session, for the first child; \$10 per session for each additional child

**Between September 4<sup>th</sup> through 23<sup>rd</sup>**

- \$28.00 per child per session.

**NO "DROP- INS" permitted.**

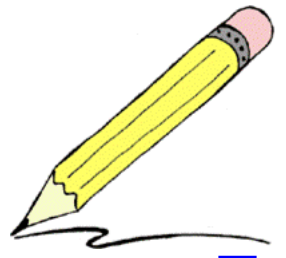
**Schedule for High Holy Day Children's Program**  
**Children kindergarten through 6<sup>th</sup> grade**

Monday, September 30	1 <sup>st</sup> Day Rosh Hashanah	10:00 AM – 1:00 PM
Tuesday, October 1	2 <sup>nd</sup> Day Rosh Hashanah	10:00 AM – 1:00 PM
Tuesday, October 8	Kol Nidre 1 <sup>st</sup> Service	5:45 PM – 8:00 PM
Wednesday, October 9	Yom Kippur	10:00 AM – 1:00 PM

- There is **no cost** for the Children's Program for your immediate family if you are a Beth Am member. Otherwise, it is \$28 per session per child. please contact Joanne Morgenthal: (contact information below).
- Your child/ren must be registered by **September 23<sup>rd</sup>** in order to participate.
- **NO "DROP- INS" permitted.**

For more information contact Joanne Morgenthal at (858) 481-8454 ext. 23 or joanne@betham.com.

**CONGREGATION BETH AM**  
**HIGH HOLY DAYS CHILD CARE AND CHILDREN'S PROGRAM POLICY**  
**FORM A - RETURN TO SYNAGOGUE**



**PLEASE SIGN AND RETURN TO SYNAGOGUE OFFICE**

It is imperative that you read this policy form, and initial next to each statement in order to inform us that you have read the information and accept this policy. Your paid reservation will then be considered complete.

I understand that when I drop off my child/children, I will receive two stickers, one for my child to wear in class, and one sticker for me to be used for identification when I pick up my child/children. Once I pick up my children, they cannot return to the program that same day.

If I should lose the "pick up" sticker, I understand that I may be asked to provide a picture ID.

The synagogue will provide snacks. If my child has a dietary restriction, I will contact Joanne at the Beth Am Office in advance. **Please do not bring any personal food.**

I am enclosing full payment. (Child Care only)  
**No registrations will be accepted after September 23<sup>rd</sup>.**

I will not be reimbursed if I need to remove my child from the Child Care Program for any amount of time. Teachers have been hired and snacks have been purchased according to the number of prepaid reservations.

**NO "DROP-INS" WILL BE ACCEPTED ON THE DAY OF SERVICES.**  
**ALL CHILDREN MUST HAVE PREPAID RESERVATIONS.**

I understand that my registration fee is non-refundable for the Child Care Program.

I have enclosed the following to reserve space for my child/children in High Holy Day Child Care and/or Children's Program:

- Form A - signed copy of the **Child Care and Children's Program Policy**
- Form B - completed **Registration Form**
- Form C - **Emergency Form**
- **A check payable to Congregation Beth Am** (*This is for the Child Care program only*).

I have read, understand and agree to the Beth Am High Holy Day Child Care policy in full.

**Parent Signature**

**Date**

**CONGREGATION BETH AM  
HIGH HOLY DAY  
CHILD CARE AND CHILDREN'S PROGRAM  
REGISTRATION - FORM B - RETURN TO SYNAGOGUE**



**PLEASE FILL OUT AND RETURN TO SYNAGOGUE OFFICE**

The **CHILD CARE** is offered to children ages of 18 months through 5 years.

1. Please indicate the names and ages of children you are enrolling in the High Holy Day **Child Care**:

**Family Name:**

Name of Child	Age	Class	Allergies? (Please list)
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2. Please check which session(s) you wish to register your child(ren) for **Child Care**:

**Child Care Dates and Times:**

			# OF CHILDREN ATTENDING	EARLYBIRD		FROM 9/4 to 9/23 EACH CHILD	TOTAL
				COST OF 1 <sup>ST</sup> CHILD	COST OF ADD'L CHILD(REN)		
Monday, September 30	1 <sup>st</sup> Day RH	10:00am - 1:00pm		\$20.00	\$10.00	\$28.00	
Tuesday, October 1	2 <sup>nd</sup> Day RH	10:00am - 1:00pm		\$20.00	\$10.00	\$28.00	
Tuesday, October 8	Kol Nidre	5:45pm - 8:00 pm		\$20.00	\$10.00	\$28.00	
Wednesday, October 9	Yom Kippur	10:00am - 1:00pm		\$20.00	\$10.00	\$28.00	
Wednesday, October 9	Yizkor/Minha/Neila	4:15pm - 8:00pm		\$20.00	\$10.00	\$28.00	

The **CHILDREN'S PROGRAM** is offered to children in kindergarten through 6<sup>th</sup> grade.

1. Please indicate the names and ages of children you are enrolling in the High Holy Days **Children's Program**:

**Family Name:**

Name of Child	Age	Grade	Allergies? (Please list)
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2. Please check which session(s) you wish to register your child(ren) for the **CHILDREN'S PROGRAM**

**Children's Program Dates and Times:**

			# OF CHILDREN ATTENDING
Monday, September 30	1 <sup>st</sup> Day RH	10:00am - 1:00pm	
Tuesday, October 1	2 <sup>nd</sup> Day RH	10:00am - 1:00pm	
Tuesday, October 8	Kol Nidre	5:45pm - 8:00 pm	
Wednesday, October 9	Yom Kippur	10:00am - 1:00pm	

**CONGREGATION BETH AM  
HIGH HOLY DAY CHILD CARE AND CHILDREN'S PROGRAM  
Emergency Authorization Form 2019 / 5780  
FORM C - RETURN TO SYNAGOGUE**



**PLEASE FILL OUT AND RETURN TO SYNAGOGUE OFFICE**

<b>Student's Name</b>	<b>Birth Date</b>
<b>Student's Name</b>	<b>Birth Date</b>
<b>Student's Name</b>	<b>Birth Date</b>
<b>Student's Name</b>	<b>Birth Date</b>

**Parent/Guardian Name:** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Please note: In respect of the holidays and the laws, we refrain from making any phone calls. We will use the phone for emergency purposes ONLY.**

**Parent 1 Mobile Phone:** \_\_\_\_\_

**Parent 2 Mobile Phone:** \_\_\_\_\_

Please indicate any allergies or other medical concerns:

In case of injury to, or illness of, a child in High Holy Day Children's Program, every effort will be made to contact the parent or guardian. The following will remain in force unless revoked by the parent or guardian in writing. I hereby authorize Congregation Beth Am or any authorized representative to call my child's physician/dentist (or another physician/dentist available) for necessary care in case of emergency and agree to pay all expenses incurred.

**FAMILIES PLEASE READ IF YOU HAVE CHILDREN ATTENDING THE ECC & THE JLC:**

**My Child(ren) attend(s) either the Beth Am Early Childhood Center and/or Jewish Learning Center, and you have the following information. (Parents please note: with the exception of signature, you do not need to fill out below if you are a JLC or ECC family)**

Address \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of emergency, when I am not available, please contact:

1. \_\_\_\_\_

Name	Relationship to child	Phone #s
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In addition, I do hereby authorize a representative(s) of Congregation Beth Am as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnoses or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the CA Medical Practice Act, whether such examination, diagnoses, or treatment is rendered at the office of said physician or at a government licensed hospital.

It is understood that this authorization is given in advance of any specific examination, diagnoses, treatment, or hospital care being required, and is given to provide authority and power on any and all such examinations, diagnoses, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. These authorizations shall remain effective from 8/28/19 through 10/28/20.

Date \_\_\_\_\_ Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Subscriber name \_\_\_\_\_ Group \_\_\_\_\_

Parent or Legal Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_