



PO Box 46, Livingston NJ 07039
973-994-7016

This program is eligible for the Refer a Friend Discount Program

2018-2019 APPLICATION – TOT TIME



Child Name: _____

Date of Birth: _____ Age: _____ Male Female

Street Address: _____

City/State/Zip: _____

Home Phone: _____

Medical Info/Allergies: _____

PARENT INFORMATION

Name: _____

Name: _____

Cell Phone: _____

Cell Phone: _____

E-Mail: _____

E-Mail: _____

	Tot Time Program	Tuesdays 9:30 – 11:00 AM
<input type="checkbox"/>	Session 1 Fall (10 weeks)	\$250
<input type="checkbox"/>	Session 2 Winter (10 weeks)	\$250
<input type="checkbox"/>	Session 3 Spring (10 weeks)	\$250

Cash or Check – payable to *Temple B’nai Abraham*

Credit Card(\$25 Service Fee)

Visa or MC ONLY # _____ - _____ - _____ - _____ Expiration date ____ / ____

Temple B’nai Abraham Member Yes No

Signature: _____

Date: _____