

PLEASE RETURN YOUR COMPLETED FORM TO THE TEMPLE OFFICE
NO LATER THAN FRIDAY, AUGUST 17, 2018

CHILD CARE RESERVATION FORM

(Note: Child care is not recommended for children under the age of 3)

YOUR NAME _____

Child care will be available at the Temple for a fee of \$25 per service per child or \$200 per family for all services for which babysitting is available, whichever is less.

Please make reservations for _____ children for the following service(s):

A. 1st Child's Name: _____ **Age:** _____

B. 2nd Child's Name: _____ **Age:** _____

C. 3rd Child's Name: _____ **Age:** _____

Rosh Hashanah Services: (indicate service(s) which children will attend on each holiday)

Early Morning _____ *Late Morning* _____

Yom Kippur Services:

Early Morning _____ *Late Morning* _____

Please enclose a check payable to Congregation Kol Ami.

You must reserve and pay by Friday, August 17th!

RECIPROCITY INFORMATION

Reciprocal tickets are issued to family and friends who are members in good standing at other URJ reformed temples. Please list the names of your guests (along with their Temple name, city and state) who will be joining us from other URJ congregations and for whom we should expect to receive reciprocal forms. Their temple should fax us a reciprocal form to (914) 946-8143, mail the form to us or email the form to AlisonAdler@nykolami.org. Your name along with your guests' names should appear on the reciprocal form.

YOUR NAME _____

Mailing Address _____

Guest Name(s):	Temple Name:	Temple City:	Temple State:

**PLEASE BE SURE THAT ALL RECIPROCAL FORMS ARE RECEIVED NO LATER THAN
AUGUST 17TH TO ALLOW TIME FOR PROCESSING! PLEASE PLAN AHEAD.**

THANK YOU.