

**YOUNG ISRAEL of HILLCREST**  
**HIGH HOLIDAY PROGRAMS FOR CHILDREN**  
**September 2010 – Tishrei 5771**

Your Name \_\_\_\_\_ Your Phone # \_\_\_\_\_

Your e-mail address \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Child / Grandchild name (*one per page*) \_\_\_\_\_ Age\_\_\_\_\_

Child / Grandchild address \_\_\_\_\_

\_\_\_\_\_

**Baby sitting:** Rosh Hashona – Day 1 YES \_\_\_ NO \_\_\_  
Rosh Hashona – Day 2 YES \_\_\_ NO \_\_\_  
Kol Nidre YES \_\_\_ NO \_\_\_  
Yom Kippur - Day YES \_\_\_ NO \_\_\_  
Neilah YES \_\_\_ NO \_\_\_

**Jr Congregation:**

**Rosh Hashona, Day 1** YES \_\_\_ NO \_\_\_ Preferred time to lead group: \_\_\_\_\_

**Rosh Hashona, Day** YES \_\_\_ NO \_\_\_ Preferred time to lead group: \_\_\_\_\_

**Kol Nidre** YES \_\_\_ NO \_\_\_ Preferred time to lead group: \_\_\_\_\_

**Yom Kippur** YES \_\_\_ NO \_\_\_ Preferred time to lead group: \_\_\_\_\_

**Neilah** YES \_\_\_ NO \_\_\_ Preferred time to lead group: \_\_\_\_\_