



TEMPLE ISRAEL OF BREVARD



## MOMMY DADDY AND ME, FALL 2016

**Name of Child**

**Birthday**

**Grown Up's Names**

**Address:**

**Phone:**

**Email Address**

**Member of Temple Israel (Yes or No)**

**Member of Other Temple (which one)**

**TUITION: For Fall 2016 (five sessions)**

**MEMBER: 36.00 per family**

**NON MEMBER: 50.00 per family**

### INSTRUCTIONS

**Dietary Restrictions:**

**Special Medical Needs:**

**Special Developmental Needs:**

**Favorite things to do:**

**ADDITIONAL INFORMATION THAT YOU WANT TO TELL US ABOUT YOUR CHILD**

Please send registration by August 30<sup>th</sup>, 2016 to ensure that we have materials for your child and family.

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