



The Parenting Center
@ Temple Israel of the City of New York

Playgroup

2016-2017 REGISTRATION FORM

Child's Name: Camden Moolani Nickname: Cam

Male ☒ Female ☐ Date of Birth: 10/19/2014

Session Preferred: Monday, Wednesday 9:30-11:00am ☐ Tuesday, Thursday 9:30-11:00AM ☒

Parents' Names: Dana & Karim Moolani

Home Address: 300 E 75th St Apt 32J Zip: 10021

Home Phone # 202-276-2191 Preferred Cell Phone # 202-276-2191

Preferred E-mail: danamlevy@gmail.com

Are you a member of Temple Israel? No

How did you hear about the Parenting Center? Hadar Orshalimiy

Please list your child's siblings/ages/ schools attended: _____

What do you hope your child will gain from this experience? We would like to provide Camden with the opportunity to continue developing both socially & emotionally in a fun, structured environment. We hope the gradual separation will promote an easy transition to a 2's program.

Parent/Guardian Signature [Signature] Date 11/21/2016

Submission of this form is not a guarantee of admission. If space is available, a contract will be issued and must be returned, along with a \$3,000 deposit within seven (7) days.

FOR OFFICE USE ONLY

Date received _____ status _____