

TENS After School Registration Form/Fall 2018

Please use one form per child.

Check classes you would like	Class and Teachers	Times: All classes run from 2 to 3:15pm Days	Location	Price: Please circle one
<input type="checkbox"/>	Team TENS Ms. Becker Ms. Wiesenberg	Tuesdays , 10 sessions: 10/9,10/16,10/23,10/30, 11/6,11/13,11/27,12/4, 12/11,12/18	Blumenthal Hall	\$650 \$625 Temple Members
<input type="checkbox"/>	TENS Test Kitchen Ms. Horowitz Ms. Mohr	Tuesdays , 10 sessions: 10/9,10/16,10/23,10/30, 11/6,11/13,11/27,12/4, 12/11,12/18	Nursery School Kitchen and Room 321	\$650 \$625 Temple Members
<input type="checkbox"/>	5 Weeks Team TENS followed by 5 weeks TENS Test Kitchen	Tuesdays , 10 sessions: 10/9,10/16,10/23,10/30, 11/6,11/13,11/27,12/4, 12/11,12/18	Blumenthal Hall for 5 weeks, then the Nursery School Kitchen and Room 321 for 5 weeks	\$650 \$625 Temple Members
<input type="checkbox"/>	STEAM Power Play Ms. Hasicka Ms. Horowitz Ms. Shorr	Thursdays , 9 sessions: 10/11,10/18,10/25,11/8, 11/15, 11/29, 12/6, 12/13, 12/20	Room 321	\$585 \$565 Temple Members

Child's Name _____ Class for 2018 _____

Parent 1 _____ Preferred Phone _____

Parent 2 _____ Preferred Phone _____

Caregiver _____ Preferred Phone _____

Does this child have food allergies as outlined in the Nursery School Office? _____
Please make sure Ellen Davis is updated about your child's allergies.

Total Amount for Classes: _____

Check Enclosed: _____ (please make out to Temple Emanu-El Nursery School)

I hereby give permission for my child to be brought to the after school class under the supervision of the classroom teachers.

Parent Signature _____ Date _____