



**Congregation Shir Shalom & Temple Beth Tzedek
Ganainu/Mishpacha Preschool Program
Registration Form
2016 – 2017**



Child's Name: _____ DOB: _____

Parent Name(s): _____

Address: _____

City: _____ State & Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Are you a temple member? If so, what temple _____

Parent Signature: _____ Date: _____

Please return this form along with your check (\$118 per child) written to
Congregation Shir Shalom to:

Congregation Shir Shalom
Religious School
4660 Sheridan Drive
Williamsville, NY 14221

If you have any questions call Hope at 633-8877 or Einav at 838-3232. Thank you.