



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



2017 – 2018

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.