



# Kings Bay YM-YWHA

3495 Nostrand Avenue, Brooklyn, NY 11229

## Kabbalat Shabbat for Moms and Tots

### APPLICATION

#### Personal Information

Child's Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Membership  Yes  No If yes, expiration date: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Emergency Contact: \_\_\_\_\_

#### Participation Information

| Activity         | Month    | Fee |
|------------------|----------|-----|
| Kabbalat Shabbat | October  |     |
| Kabbalat Shabbat | November |     |
| Kabbalat Shabbat | December |     |
| Kabbalat Shabbat | January  |     |
| Kabbalat Shabbat | February |     |
| Kabbalat Shabbat | March    |     |
| Kabbalat Shabbat | April    |     |
| Kabbalat Shabbat | May      |     |
| Kabbalat Shabbat | June     |     |

**Fee: \$5 per session**

