



Itsy Bitsy Registration Form

Child's Name (first, middle & last): _____

Date of Birth: _____ Gender: Boy Girl Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent 1's Name (first & last): _____

Business Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Home Phone: _____

Parent 2's Name (first & last): _____

Business Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Home Phone: _____

Other children in household (names, ages, relationships): _____

How did you hear about Itsy Bitsy?

- Friend Word of Mouth Internet Search Yelp Facebook
 Magazine Newspaper Website Other _____

Temple Member: Yes No Today's Date: _____

This program is free and open to the community regardless of Temple membership.

Please return this registration form to:

David Cohen

Director Selma Maisel Nursery School of Temple Shalom

300 East Putnam Avenue, Greenwich, CT 06830

david.cohen@templesholom.com