

 $30 \ West \ 68th \ Street \ | \ New \ York, \ NY \ 10023 \ | \ T: 212-877-4050 \ ext. \ 231 \ | \ F: 212-787-7108 \ | \ ecc@swfs.org \ | \ swfs.org/ecc$

Seeds of Wonder Registration Form October 9—December 20, 2018

Child's First and Las	t Name:		Gender:
Date of Birth:			
Full Address:			
5			
Parent Name		Work number:	
		work number: Email	
Cell Hullibel.		EIIIdII	
Parent Name			
		Work number:	
		Email	
Caregiver Name			
Home number:		Cell number:	
Synagogue Member	? Y or N		
I am interested in ha	ving my child att	end the Seeds of Wonder Program:	
Synagogue Member Non-Member	\$950 \$1160		
Please enclose your	full tuition.		
Signature:		Date:	
vreiss@swfs.org		Vicki Reiss 30 West 68 th St. New York, N id you hear about us?	Y 10023
ii you are not a current	Loc raining, now di	ia you nour about us:	