

THE HIGH HOLY DAYS 5777/2016 FOR CHILDREN AT CAI



Babysitting

(Ref. pg. 8)

For children 18-months- through 5-years old on **First and Second Days of Rosh Hashanah**, 9:30am to 12noon; Kol Nidre, 5:00-8:00pm; and **Yom Kippur**, 9:30am to 1:00pm.

\$10 per child, per day • RSVP Deadline: Sept. 23
NO CHILD CAN BE ADMITTED WITHOUT A RESERVATION.

Name(s) _____ Phone _____

Child's Name & Age	1 st Day Rosh Hashanah Mon., Oct. 3	2 nd Day Rosh Hashanah Tues., Oct. 4	Yom Kippur Wed., Oct. 12
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(To list more children, please attach separate sheet.)

___ Check enclosed.

___ Charge my: Visa MC Discover for \$ _____

_____ Exp. _____ Sec. Code _____

Please return completed form with payment by Sept. 23 to CAI, ATTN: Kim

Services for Children and Families

(Ref. pg. 7 OR Ticket Order Form)

First Day Rosh Hashanah, Mon., October 3
 Second Day Rosh Hashanah, Tues., October 4
 and Yom Kippur, Wed., October 12

RSVP Deadline: Sept. 23



Name(s) _____

Phone _____

RH= Rosh Hashanah *Please list name(s) of child(ren) attending each service.*

YK= Yom Kippur *(To list more children, please attach separate sheet.)*

An adult must accompany child(ren).

Family Service **RH1** _____

(1st Gr. thru 6th Gr.) **YK** _____

10:30am – 12noon

Cantor Falkow Lounge

Young Children's Family Service **RH1** _____

(Preschool/Kindergarten) **YK** _____

10:45am – 12noon

Room 11

All Family Program **RH2** _____

(Preschool thru 6th Gr.)

10:45am – 12noon

Cantor Falkow Lounge

Please return completed form by Sept. 23 to CAI, ATTN: Kim

Yom Kippur Lunch for Children Ages 3 to 12

(Ref. pg. 11)

Wednesday, October 12 • 12:15pm



There is **NO CHARGE**; however, reservations are required.

RSVP Deadline: Sept. 30

Child's Name _____ Age _____

_____	_____
_____	_____
_____	_____
_____	_____

(To list more children, please attach separate sheet.)

Please return completed form by Sept. 30 to CAI, ATTN: Kim



Congregation Anshei Israel
 5550 E. 5th St., Tucson, AZ 85711
 Phone 745-5550 • Fax 745-9058 • www.caiaz.org