



**Congregation Ohav Shalom Nursery
School
Amie Bloom Director**

**I would like to register my Child(ren) for the babysitting night on
Sunday, February 12, 2012, at Ohav Shalom!**

To register, please fill out the bottom half of this form and return it to the nursery school office by Monday February 6th.

The cost for the night is:

| | |
|---|------|
| 1 child | \$20 |
| 2 children from the same family | \$25 |
| 3 or more children from the same immediate family | \$30 |

Your check is your reservation, please mail your check to Babysitting night at Ohav Shalom, 113 New Krumkill Road, Albany, NY12208

I would like to register my child(ren) for babysitting night at Ohav Shalom on Sunday February 12th from 5-7:30 pm.

Child(ren)'s Name: _____ Age _____
 _____ Age _____
 _____ Age _____

Phone: _____
 cell phone where you can be reached on 2/12 _____

Allergies:

Special Instructions:

Amount Enclosed: \$ _____

Parent Signature _____
