



PARK
SLOPE
JEWISH
CENTER

1320 8th Avenue, Brooklyn, NY 11215.
principal@psjc.org . www.psjc.org
718-768-1453

SHORASHIM! שורשים

A NEW Program for 3-4 year olds



SHORASHIM IS HEBREW FOR "ROOTS"

WHAT: Each day includes art, music, dance, games, stories, food & more! This program is just for kids, so grown-ups can drop them off or hang out in an empty room at PSJC.

WHEN: Tuesdays from 4:30-5:45PM once a month from September-May.
(See below for specific dates)

WHY: Shorashim is a great introduction to Jewish education and super fun!

WHO: Not a PSJC member? Not to worry—Shorashim is open to all Jewish kids ages 3 & 4! ***Kids must be potty trained to attend.*

Fee: \$300 for PSJC members/\$350 for non-members

Shorashim meets from 4:30-5:45 PM on:

Tuesday, September 20, 2011

Tuesday, October 25, 2011

Tuesday, November 29, 2011

Tuesday, December 20, 2011

Tuesday, January 24, 2012

Tuesday, February 28, 2012

Tuesday, March 27, 2012

Tuesday, April 24, 2012

Tuesday, May 15, 2012

Contact Elisabeth Albert, Director of Family Education
with questions or for more information:
principal@psjc.org 718-832-5863



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Shorashim Registration Form 2011-2012

Parent 1

Parent 2

Name: _____

Name: _____

Home Address: _____

Home Address: _____

***Please indicate which is the child's main address**

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Email Address: _____

Email Address: _____

** Email is the primary means of communication for updates and notices. **PLEASE PRINT CLEARLY***

Child 1

Child 2

Name: _____

Name: _____

Circle: Male/ Female

Circle: Male/ Female

Hebrew Name: _____

Hebrew Name: _____

D.O.B. _____

D.O.B. _____

Pre-School: _____

Pre-School: _____

Emergency Contact **other than parent(s):** _____
(name, relationship, home phone, cell phone)

Please list other children living at home:

Name: _____ D.O.B: _____ Grade: _____

Name: _____ D.O.B: _____ Grade: _____

CONFIDENTIAL HEALTH INFORMATION:

Does your child have any **learning disabilities/special needs, health issues, prescription medication and/or food allergies** of which we should be aware? **Circle one: Yes/ No**

Please describe: _____

Parent/Guardian Signature: _____ **Date:** _____

Tuition and Payment :

PSJC Members: \$300

Non Members: \$350

Payment in full \$ _____ (due by 8/15/11)

Payment Method:

CHECK payable to Park Slope Jewish Center [indicate "Shorashim tuition"]

CREDIT CARD: Circle: MasterCard/ Visa/ AmEx

Credit Card #: _____ Expiration Date: _____

Name on card: _____ Daytime Phone #: _____

Signature of card holder: _____

