



Emergency Contacts: (Please list two contacts to be called other than parents)

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Health Card# _____ **Parent's signature** _____

Please list any specific concerns, ie: learning requirements, allergies or food restrictions your child may have.

Volunteers are the very lifeblood of the DJC JS Program. We simply could not exist were it not for the dedication and devotion of a handful of members. *We need your help.* A few hours of your time could make a world of difference to us...and you.

High Holidays: Children's Services

- Help organize R.H. children's service
- Help develop Yom Kippur children's service
- Have your child read at this year's services

Committees

- Education Committee
- Volunteer Coordination Committee

Children's Education

- Library
- Curriculum
- Assist in class
- Class Parent
- Read Hebrew

Festivals/Celebrations

- Purim
- Passover
- Chanukah
- Sukkhot
- Set-up / Clean-up

General

- Special events
- Set-up / Clean up
- Odd jobs

Skills to benefit children

- Arts (Drama/Dance/Music/Singing/ Painting)
- Sciences
- Other _____

Please let us know added skills — at home or at your workplace — as that can help us establish a resource base.

Name _____ Position / Skills _____