



**Congregation Shir Shalom & Temple Beth Tzedek
Ganainu Preschool Program Registration Form
2019 - 2020**

Child's Name _____ DOB _____

Parent's Name (s) _____

Address: _____

City: _____ State & Zip Code: _____

Email Address: _____ Phone Number _____

Cell Phone _____

Are you a Temple Member? If so, which Temple? _____

Parent Signature: _____ Date: _____

Please return this form along with your check (\$136 per child) made payable to:

Congregation Shir Shalom and send to:

*Congregation Shir Shalom Gesher Religious School
4660 Sheridan Drive
Williamsville, NY 14221*

If you have any questions, please call Einav Symons, Religious School Director at

633-8877