

LOWER MERION SYNAGOGUE
Rosh Hashanah & Yom Kippur 5770
BABYSITTING FOR 3-6 YEAR OLDS

Following the same format as last year, LMS will be offering babysitting by experienced, caring women. The babysitting, for children of ages 3- 6, will take place in the upstairs double classroom.

ROSH HASHANAH BABYSITTING WILL BE FROM 10:00 AM TO 1:30 PM.
Snacks will be provided.

YOM KIPPUR BABYSITTING WILL BE FROM 10:00 AM TO 2:30 PM.
Snacks and light lunch will be provided.

If you want your child/ren to participate in the shul's babysitting services, please read the following rules, fill out the form, sign the waiver, and mail the waiver with your dues and seating form request to the shul.

- LMS babysitting services are available to children ages 3-6.
- Children are to be accompanied by an adult when they arrive/depart the baby-sitting facility. Our babysitters want to meet you.
- If you send toys, please mark them clearly, and take them home with you.
- Please alert the babysitters if your child has a food allergy or medical issue.
- Please pick up your child promptly so as to be considerate to our babysitters.

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BABYSITTING REGISTRATION FORM 5770

Names of Parents _____

Where will parents be sitting? _____

Allergy/medical concerns _____

Child _____ Birthdate _____ Day(s) requested: RH1 _____ RH2 _____ YK _____

Child _____ Birthdate _____ Day(s) requested: RH1 _____ RH2 _____ YK _____

Child _____ Birthdate _____ Day(s) requested: RH1 _____ RH2 _____ YK _____

BABYSITTING WAIVER FORM

I, _____, parent of _____
in consideration of the babysitting services provided by the Lower Merion Synagogue during Rosh Hashanah and Yom Kippur 5770, hereby agree to waive all claims against Lower Merion Synagogue, and its agents, employees, representatives, officers, and directors (INDEMNITEES), for injuries or damages caused by, arising out of, or relating to my child's participation in the above referenced babysitting services, whether caused by, arising out of, or relating to negligence, misfeasance, or nonfeasance, whether sole or in combination with any other person or entity of INDEMNITEES.

Parent's Signature _____ Date _____