



Am Haskalah Dubonim 2009-2010

Bring your “Little Bear” and join in for Jewish fun and learning!

Dubonim is Congregation Am Haskalah’s Pre-School program for children and their parents (or other important adults in their lives!). We meet monthly during the school year to learn about being Jewish: holidays, rituals, songs, crafts, food, and always...fun!

Dubonim meets at the DaVinci Center in Allentown (3145 Hamilton Blvd. Bypass, Allentown, PA 18103) from 10am to 11am on Sunday mornings monthly.

Dubonim Dates for 2009-2010

October 18

November 15

December 13

January 24

February 21

March 21

April 18

The program is *free for members of Am Haskalah*
and *\$36 per child for nonmembers.*

For more information about this and other Am Haskalah youth programs, please contact Education Director Vicki Graff:

vhgraff@gmail.com or 484.797.2156.

Am Haskalah School Registration 2009-10/5770 - Dubonim!

Forms may be emailed or postal mailed: vhgraff@gmail.com
OR Vicki Graff, 709 Holland Square, West Reading, PA 19611

*\$36 program fee for non-members may be mailed to
Izzy Studzienko c/o Am Haskalah 911 Hawthorn Rd., Allentown, PA 18103-4677*

Student sign up

Name1: _____ Birthdate: _____

Name2: _____ Birthdate: _____

Name3: _____ Birthdate: _____

Parent/Guardian Information

Who will accompany the child(ren) to Dubonim each session? _____

Name1: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Home Address: _____

Name2: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Home Address: _____

In the spirit of bal tashhit (do not destroy needlessly), communication will be primarily by email. Please note if you DO NOT have access to email. ____

Emergency Contact

In case of emergency, parents will be contacted first. If unavailable, the school will call the emergency contact. Please list someone who lives in the Lehigh Valley.

Name1: _____

Home Phone: _____ Cell Phone: _____

Name2: _____

Home Phone: _____ Cell Phone: _____

Student Information

Please complete one page per student.

Name: _____

Hebrew Name: _____

Birthdate: _____

Does your child attend school? Where? _____

Where did you hear about Dubonim? _____

Please describe any learning differences of which the school should be aware.

Please describe any social/emotional challenges of which the school should be aware.

Please list any food allergies, medications, or medical conditions of which the school should be aware.

Please list any other conditions or circumstances of which the school should be aware.

Please list any special hobbies, talents, and interests your child has.