



Shalom Baby Registration

All sessions are held at the CJE and run 6:45-9:15 pm

Tuesdays 10/12-11/16/2010

Expectant Parents' Names

Address

City

Zip

Daytime Phone

Evening Phone

E-mail

Due Date

Hospital

OB/GYN

Synagogue Affiliation (if applicable)

First Pregnancy? Yes No

First Child? Yes No

Multiple Birth? Yes No

How did you hear about us:

I am enclosing (make checks payable to CJE)

\$120 registration fee

\$100 discounted fee (for synagogue and JCC members-join during series and we'll refund \$20)

I am a member of _____ congregation and/or a _____ JCC member.

Return form and check to:

Shalom Baby

c/o Center for Jewish Education

5708 Park Heights Avenue

Baltimore, MD 21215