

# Gesher Katan

**“Little Bridge” - a special option for families with preschool children at PTBE**

Gesher Katan offers Temple members the opportunity to meet other families with preschool age children and to connect with your temple community. It is especially geared for children age 4 and/or pre-K and their families. The program includes monthly Friday night Shabbat dinner and services & Shabbat afternoon parent and child learning activities ending with Havdalah (saying goodbye to Shabbat).

*Gesher Katan is part of our nationally recognized K-6 Gesher family education experience.*

**Cost: \$300 per family (\$100 with older sibling enrolled in Gesher)**

**Enrollment Form Due By: 8/26**

## Dates

**Friday Nights: 9/9, 11/4, 12/2, 1/6, 2/3, 3/2, 5/4**

5:30 pm Shabbat Dinner, 6:30pm Shabbat Services with the Hallelu Band

**Saturday Afternoons: 10/22, 11/19, 1/28, 4/21, 5/19**

3:45-6:00pm learning & Havdalah



Upcoming Tot Shabbat Dates:  
8/20, 9/17, 10/15, 11/19,  
12/17 at 9:00 AM



For questions, please contact Rabbi Karen Citrin at (650) 341-7701 or rabbikaren@ptbe.org

**Peninsula Temple Beth El Gesher Katan  
STUDENT ENROLLMENT FORM**

**2011-2012 / 5772**

**RETURN to Front Office (one per student) By 8/26/11**

**Required**  
Attach a photo  
of your child  
here!

Peninsula Temple Beth El • 650-341-7701 • www.ptbe.org  
• 1700 Alameda de las Pulgas • San Mateo, CA 94403 •

**Student Information**

Name _____	Date of Birth _____	<input type="checkbox"/> male	<input type="checkbox"/> female
Secular School _____	Age _____		

**Parent/Guardian Information**

If parents live in separate households, student lives with:

Both Parents     Parent I only     Parent II only

If parents live in separate households, send mail to:

Both Parents     Parent I only     Parent II only

**Parent/Guardian I**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day/Work Phone \_\_\_\_\_  
Evening Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Parent Email \_\_\_\_\_

**Parent/Guardian II**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day/Work Phone \_\_\_\_\_  
Evening Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Parent Email \_\_\_\_\_

**Sibling(s) name(s)/grade(s)** \_\_\_\_\_

**Medical Information**

Please indicate any and all specific medical and other conditions including asthma, allergies, depression, or dietary restrictions for each child. All information is kept confidential and will be given only to appropriate PTBE staff, the child's teacher, and emergency personnel (if appropriate/necessary).

Does your child have or has s/he ever had any of the following?

An anaphylactic reaction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specific physical condition/illness such as epilepsy, asthma, allergies, diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hyperactivity or Attention Deficit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special dietary needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any significant life changes or disruptions about which we should be aware	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If you answered "yes" to any of the above questions, please describe:**

\_\_\_\_\_  
\_\_\_\_\_

**Additional Information About Your Child**

What are the most important things that we should know about your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any special needs that you would like to share with our staff? If so, please describe:

\_\_\_\_\_  
\_\_\_\_\_