



THE JEWISH CENTER OF THE HAMPTONS
JUBILEE • 50TH YEAR

GATES OF THE GROVE

44 Woods Lane - P.O. Box 5107 East Hampton, NY 11937

Toddler Summer Program

Taught by our Educational Director,
Shelley Lichtenstein

Join us in a beautiful, warm and friendly atmosphere.
30 Woods Lane, east of the Jewish Center. Park in
the Jewish Center parking lot and follow the path.



Mondays, 9:00-10:30 a.m. Toddler Time

July 12, 19, 26 August 2, 9, 16, 23

Children and adults explore Jewish culture through stories, songs, creative
drama and art. The morning ends with free play.

Fee: 7 week session JCOH Member \$105 Non-Member \$140
Drop in rate JCOH Member \$20 session Non-Member \$25

Tuesdays, 9:00-10:30 a.m. Play Group Time

July 13, 20, 27 August 3, 10, 17, 24

Informal and unstructured playtime. A wonderful opportunity for adults to meet
and talk. No Fee.

Fridays, 9:00-10:30 a.m. It's Challah Time!

July 9, 16, 23, 30 August 6, 13, 20, 27

Shabbat program that includes a story, songs, creative movement and free
play. Children and adults will bake a challah every Friday.

Fee: 8 session JCOH Member \$120 Non Member \$160
Drop in: JCOH Member \$20 Non Member \$25



Discount! All 15 sessions: JCOH Member \$200
Non-member \$275

**Pre-registration is required. For babies & toddlers
under the age of 3 with an adult. Contact Shelley
Lichtenstein for more details:
educator@jcoh.org or 631-324-9858**

Rabbi Sheldon Zimmerman Cantor Debra Stein
Shelley Lichtenstein, Education Director Harry A. Katz, President

JCOH Toddler Summer Program Registration Form

___ Member ___ Non-Member

Adult Name: _____

Address: _____

Phone: _____

Email: _____

Child Name(s): _____

Age(s): _____

___ Toddler Time Number of children: _____ Total Fee: _____

___ Play Group Time Number of children: _____ (No Fee)

___ It's Challah Time! Number of children: _____ Total Fee: _____

___ All 15 Sessions Number of children: _____ Total Fee: _____

TOTAL: _____

Please make check payable to "The Jewish Center of the Hamptons"

Enclosed is my check for \$ _____

Or charge my: ___ AmEx ___ MC ___ Visa Zip Code*: _____

*must be credit card's billing zip code

Name on card: _____

Card Number: _____

Exp. Date: _____ Signature: _____

The Jewish Center of the Hamptons

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East Hampton, NY 11937

P: 631-324-9858 F: 631-329-6654 www.jcoh.org