

# Summer Play Group:

## Tuesday/Thursday

Sarah & Irving Pitt



Child Development Center

Music • Art • Gym • Stories  
Outdoor Fun • Creative Play

Session I runs June 15-July 15 • Session II runs July 21-Aug. 20

Ages 2-2 ½ • Tuesday/Thursday • 9 a.m. to noon

Members: \$265 per session • Non-members: \$360 per session

A \$75 deposit is required per session at time of registration. Please pack a dairy lunch.



Pitt CDC Summer Play Group Tuesday/Thursday

Session I  Session II

Member  Non-member

Child's name: \_\_\_\_\_ Child's birthdate: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Phone (home): \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Phone (work): \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency contact (name): \_\_\_\_\_ Phone: \_\_\_\_\_

Class/Day: \_\_\_\_\_ Fee: \$ \_\_\_\_\_  Check  Visa  MasterCard

Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

CSC (three-digit code on back of card, in signature area): \_\_\_\_\_

Please return or mail the registration form to: Jewish Community Center of Metropolitan Detroit  
Sarah & Irving Pitt Child Development Center • D. Dan & Betty Kahn Building  
Eugene & Marcia Applebaum Jewish Community Campus • 6600 W. Maple Road • West Bloomfield, MI 48322  
[www.jcdet.org](http://www.jcdet.org)

# Summer Play Group:

## Monday/Wednesday/Friday

Sarah & Irving Pitt



Child Development Center

Music • Art • Gym • Stories  
Outdoor Fun • Creative Play

Session I runs June 14-July 16 • Session II runs July 19-Aug. 20

Ages 2-2 ½ • Monday/Wednesday/Friday • 9 a.m. to noon

Members: \$400 per session • Non-members: \$520 per session

A \$75 deposit is required per session at time of registration. Please pack a dairy lunch.



Pitt CDC Summer Play Group Monday/Wednesday/Friday

Session I  Session II

Member  Non-member

Child's name: \_\_\_\_\_ Child's birthdate: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Phone (home): \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Phone (work): \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency contact (name): \_\_\_\_\_ Phone: \_\_\_\_\_

Class/Day: \_\_\_\_\_ Fee: \$ \_\_\_\_\_  Check  Visa  MasterCard

Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

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