



## INTEREST FORM

Name:

Phone Number:

Email:

Location of Interest:      Sabes Center Minneapolis      Capp Center St. Paul

Child's Name and Age:

Date that you are interested in starting:

Enrollment Option:      2 days      3 days      5 days

Additional Questions for our team:

**Once you've completed this form, please save and send to:**

Angie Arnold (Sabes Center Minneapolis) at [angiea@minnesotajcc.org](mailto:angiea@minnesotajcc.org)

Jenn Cox (Capp Center St. Paul) at [jennnc@minnesotajcc.org](mailto:jennnc@minnesotajcc.org)

**Thank you. We will be in touch!**