



GAP CARE REGISTRATION

Regular School Hours: Mon - Thurs 8:15am - 3:30pm, Friday 8:15am - 2:30pm

Please fill out the form below to register your infant, toddler or primary student (**ages 6 mos - 5 years**) for Gap Care. Please return this form, along with payment, to the office no later than December 12, 2025 to ensure that we have adequate staffing. We look forward to enhancing your HATB experience. If you have any questions, please feel free to contact the office at 813-963-0706.

DECEMBER 2025 GAP CARE

4 Days: December 29, 30, 2 & 3rd (Closed the 1st)

Family Name: _____ Parent Signature: _____

Parent #1 _____ Phone #: _____ Email: _____

Parent #2 _____ Phone #: _____ Email: _____

Student #1: _____ Class: _____ Age: _____

Medication/Special Needs: _____

Student #2: _____ Class: _____ Age: _____

Medication/Special Needs: _____

Student #3: _____ Class: _____ Age: _____

Medication/Special Needs: _____

Emergency Contact/Approved Pick-up Name: _____ Phone # _____

Family Physician/Pediatrician: _____ Phone # _____

Please return this form to the office no later than December 12, 2025 along with a check, cash or submit a payment via Zelle to admin@hebrewacademyoftampa.net for the total below.

\$265 X _____ (number of children attending Gap Care) X 1 (number of weeks) = Total \$ _____