

She'arim Pick up Form

REQUIRED

Your child's name: _____ Age: _____

Your child's name: _____ Age: _____

Your child's name: _____ Age: _____

REQUIRED

The following people are authorized to pick up my child(ren) at any time:

Parent: _____ Phone: _____

Parent: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

OPTIONAL BUT RECOMMENDED

Please list other She'arim families who can pick up your child(ren) in case of emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

OPTIONAL

Please supply the names, if any, of those who MAY NOT pick up your child(ren) under any circumstance.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name of person completing form (printed)

Signature

Date