

# She'arim Pick up Form

*In case of a last minute emergency, where the pick-up person is going to be late, please call or email Betsy Kase so we can make arrangements for your child(ren). PLEASE MARK DOWN BETSY'S INFO SO YOU HAVE IT WHEN/WHERE YOU NEED IT!*

*Betsy Kase – cell: 914-263-5427, email: betsy@yogahaven.com*

To make She'arim pick-up more efficient and safe please provide the following:

## 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: \_\_\_\_\_

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Name of person completing form (printed)

Signature

Date