## **22024 CAMP – STUDENT CONTACT INFORMATION**

CHILD'S NAME:		Child's Birthday:		
HOME ADDRESS:	C	CITY:ZIP:		
HOME PHONE #:	CHILD RESIDES WITH:	BOTH PARENTS	MomDadOther	
Mom's Name:	Cell #:	Work #:		
Dad's Name:	Cell #:	Work #:		
ALLERGIES/SPECIAL NEEDS:				
CHILD'S PHYSICIAN:		PHONE #:		
EMERGENCY CONTACTS: (OTHER	PERSONS TO BE NOTIFIED IN CASE OF ILLNESS O	R ACCIDENT)		
1)	Cell #:	RELATION	ISHIP:	
2)	Cell #:	RELATION	ISHIP:	
	CAMP – STUDENT CONTAC			
HOME ADDRESS:	C	Сіту:	ZIP:	
Home Phone #:	CHILD RESIDES WITH:	BOTH PARENTS	MomDadOther	
Mom's Name:	Cell #:	Work #:		
Dad's Name:	Cell #:	Work #:		
ALLERGIES/SPECIAL NEEDS:				
CHILD'S PHYSICIAN:		Phone #:	:	
EMERGENCY CONTACTS: (OTHER	PERSONS TO BE NOTIFIED IN CASE OF ILLNESS O	R ACCIDENT)		
1)	Cell #:	RELATION	ISHIP:	
2)	CELL #:	RELATION	ISHIP:	

- TURN OVER FOR RELEASE AUTHORIZATION -

## **2024 CAMP – RELEASE AUTHORIZATION**

It is Temple Dor Dorim's policy not to release a child to anyone other than the parents, legal guardian or those persons authorized at the time of registration. Please complete this form indicating those persons (<u>including yourself</u>) authorized to pick up your child from Temple Dor Dorim Early Childhood Center.

Unless prior notice is received from the parents or guardians indicating any changes in this authorization, children will not be released to anyone other than those listed below. This policy is for your protection as well as your child, and for Temple Dor Dorim.

MY CHILD	, MAY BE R	RELEASED TO:	
Мом:,	DAD:, AND	THE FOLLOWING PEOPLE:	
(YES/NO)	(YES/NO)	_	
		RELATIONSHIP:	
2)	Cell#:	RELATIONSHIP:	
3)	Cell #:	RELATIONSHIP:	
4)	Cell #:	RELATIONSHIP:	
5)	CELL #:	RELATIONSHIP:	
6)	Cell #:	RELATIONSHIP:	
7)	Cell #:	RELATIONSHIP:	
Password:	(NEE	EDED BY ANYONE OTHER THAN PARENTS TO PICK UP CHILD)	
PARENT SIGNATURE:		Date:	
		anges in this authorization, children will not be released to ll as your child, and for Temple Dor Dorim.	
My Child	, MAY BE R	RELEASED TO:	
Mom:,	DAD:, ANE	O THE FOLLOWING PEOPLE:	
1)	Cell #:	RELATIONSHIP:	
2)	CELL#:	RELATIONSHIP:	
3)	CELL #:	RELATIONSHIP:	
4)	CELL #:	RELATIONSHIP:	
5)	CELL #:	RELATIONSHIP:	
6)	Cell #:	Relationship:	
7)	Cell #:	RELATIONSHIP:	
Password:	(NEE	EDED BY ANYONE OTHER THAN PARENTS TO PICK UP CHILD)	
PARENT SIGNATURE:		Date:	