

Emergency Information Form

Bet Yeladim Infant/Toddler and Pre-School Program

2009 - 2010

Child's Name _____	Sex _____	Date of Birth _____	Phone _____
Address _____		City _____	State ___ Zip _____

Parent's Name _____	Phone _____
Parent's Address _____	City _____ State ___ Zip _____
Work Phone _____	Cellular and/or Beeper _____
Parent's Home Email _____ @ _____	Parent's Work Email _____ @ _____

Parent's Name _____	Phone _____
Parent's Address _____	City _____ State ___ Zip _____
Work Phone _____	Cellular and/or Beeper _____
Parent's Home Email _____ @ _____	Parent's Work Email _____ @ _____

Emergency Information

Please complete with names of people with whom your child is comfortable in case you are unavailable in an emergency.

Name _____	Phone _____
Address _____	City _____ State ___ Zip _____
Work Phone _____	Cellular and/or Beeper _____
Home Email _____ @ _____	Work Email _____ @ _____

Name _____	Phone _____
Address _____	City _____ State ___ Zip _____
Work Phone _____	Cellular and/or Beeper _____
Home Email _____ @ _____	Work Email _____ @ _____

Name _____	Phone _____
Address _____	City _____ State ___ Zip _____
Work Phone _____	Cellular and/or Beeper _____
Home Email _____ @ _____	Work Email _____ @ _____

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at Bet Yeladim Preschool and Kindergarten to have your child transported to that hospital.

Signature of Parent/Guardian _____ Date _____