

Temple Beth Sholom Hebrew School

32 Park Avenue
Park Ridge NJ 07656
201- 391-0907

Emergency Contact Form

Family Name: _____	Child's / Children's Hebrew School Class(es) (Pre-Alef, Alef, Bet, Gimmel, Dalet, Hey, Vav, Zayin) <table><thead><tr><th></th><th>Name</th><th>Class</th></tr></thead><tbody><tr><td>Child 1:</td><td>_____</td><td>_____</td></tr><tr><td>Child 2:</td><td>_____</td><td>_____</td></tr><tr><td>Child 3:</td><td>_____</td><td>_____</td></tr></tbody></table>		Name	Class	Child 1:	_____	_____	Child 2:	_____	_____	Child 3:	_____	_____
	Name	Class											
Child 1:	_____	_____											
Child 2:	_____	_____											
Child 3:	_____	_____											
Home Address: 	Home Phone: ()												
Mother's Name: 	Father's Name: 												
Mother's Work Phone: ()	Father's Work Phone: ()												
Mother's Cell Phone: ()	Father's Cell Phone: ()												
<i>If the school cannot get in touch with either of the above, please list a friend or relative below who may be contacted if your child is unwell while in school.</i>													
Contact Name: 	Contact Home Phone: ()												
Contact Address: 	Contact Cell Phone: ()												
<i>If none of the contacts can be reached by phone, WHAT DO YOU WISH THE SCHOOL TO DO in case your child is sick or injured?</i>													
<i>(It is understood that in the final disposition of an emergency case, the judgment of the Hebrew school authorities will prevail. The recommendation of the parent as indicated above will be respected as far as possible.)</i>													
If at any time the above information changes I will notify the Principal in writing.													
Signature of Parent or Guardian: _____	Date: _____												