

Name: _____

Room: _____

Birthdate: _____

Length of Day:

School Day (9am – 1pm) Half Day (9am – 3pm) Full Day (7am – 6pm)

Days of the Week Attending:
 (Check all that apply)

Monday Tuesday Wednesday
 Thursday Friday

Please fill out the form below relating to those persons who have your permission to pick up your child from school. *The primary contact will always be called first.*

If, due to unforeseen circumstances or an emergency, it is necessary for someone else to pick up your child, a note from the parent or a telephone call is necessary.

Please be aware that the person will be asked to identify him or herself before we release your child.

If there are any custody issues, we must have legal documents regarding who can pick up your child and on what days.

The following people are authorized to pick up my child(ren) from the Katz JCC Sari Isdaner Early Childhood Center.

I authorize the release of my child(ren) to their care:

Parent/Guardian: *Primary Contact	Email:	Phone:	Preferred Method of Contact:	The Primary Contact is added to Tadpoles by Default
Parent/Guardian:	Email:	Phone:	Preferred Method of Contact:	Receive Tadpoles Communication? Yes No
Parent/Guardian:	Email:	Phone:	Preferred Method of Contact:	Receive Tadpoles Communication? Yes No
Parent/Guardian:	Email:	Phone:	Preferred Method of Contact:	Receive Tadpoles Communication? Yes No

Please complete the form below only if your child has a medically diagnosed food allergy.

Our staff and a visiting nurse will review this information.

Your child's teacher will use this information to plan for special events. This information will be kept confidential and only provided to appropriate staff on a need-to-know basis.

Food Allergy 1	
Reaction to Ingestion	
Reaction to Touch	
Reaction to Smell	
Other	

Food Allergy 2	
Reaction to Ingestion	
Reaction to Touch	
Reaction to Smell	
Other	

Food Allergy 3	
Reaction to Ingestion	
Reaction to touch	
Reaction to smell	
Other	

Can your child eat a recipe made with egg substitute?

Yes

No

Is there a history of an anaphylactic reaction?

Yes

No

If yes, please explain:

Will you be sending an Epi-Pen to be kept in school?

Yes

No

If yes, a Medical Action Plan from the Doctor is Required

