



Gan Ami Early Childhood Education

Harry & Rose Samson Family JEWISH COMMUNITY CENTER

Emergency Information/Permission/Pick-Up Authorization

Gan Ami 2024-2025

Child's Name: _____ Date of Birth: _____

Address: _____

Classroom: _____ Start Date: _____

Allergies/Medical Information/Dietary Restrictions:

Permission to post allergies/medical information/dietary restrictions in the classroom:

Yes: No:

Pediatrician: _____ Phone: _____

Parent/Guardian: _____ Work #: _____ Cell #: _____

Parent/Guardian: _____ Work #: _____ Cell #: _____

Email: _____ Email: _____

Local Emergency Contact: _____ Phone: _____

Local Emergency Contact: _____ Phone: _____

I hereby authorize the following people to pick up my child from Gan Ami:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

I give permission for the staff of the Jewish Community Center to seek medical attention for my (our) child in case of an emergency in the event I cannot be reached.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____