



Synagogue Affiliation: Alliance \_\_\_\_\_ Ahavas Yisroel \_\_\_\_\_ BMH-BJ \_\_\_\_\_  
B'nai Chaim \_\_\_\_\_ B'nai Havura \_\_\_\_\_ B'nai Torah \_\_\_\_\_ Beth Shalom \_\_\_\_\_  
Kohelet \_\_\_\_\_ T.Emanuel \_\_\_\_\_ T.Micah \_\_\_\_\_ T. Somai \_\_\_\_\_ Rodef Shalom \_\_\_\_\_  
EDOS \_\_\_\_\_ WCRJ \_\_\_\_\_ D.A.T. \_\_\_\_\_ OTHER \_\_\_\_\_

**Persons authorized to pick up your child from school:**

Name, address and phone # \_\_\_\_\_

Name, address and phone # \_\_\_\_\_

Name, address and phone # \_\_\_\_\_

Name, address and phone # \_\_\_\_\_

**Name of any person not permitted to pick up your child:**

\_\_\_\_\_  
Name/address of  
Grandparents \_\_\_\_\_

Hospital, address and phone of choice \_\_\_\_\_

Name, address and phone of child's doctor \_\_\_\_\_

Name, address and phone of child's dentist \_\_\_\_\_

**\*IMPORTANT EMERGENCY INFORMATION\***

List two friends or relatives we may contact in case of an emergency if parents cannot be reached:

Name \_\_\_\_\_ address & phone \_\_\_\_\_

Name \_\_\_\_\_ address & phone \_\_\_\_\_

**OVER**

**BMH-BJ SYNAGOGUE PRESCHOOL  
PERMISSION FORM**

1. I hereby grant permission for my child to use all of the play and gym equipment and participate in all of the activities of the school including photographs that may be used for publication.
2. I hereby grant permission for my child to leave the school premises under the supervision of school staff for neighborhood walks or for announced field trips in an authorized vehicle. I understand that my child will be securely buckled into said vehicle. I will supply a car seat, or my child will not be able to attend the field trip.
3. I hereby grant permission for my home phone number and address to be published in a class list.
4. I hereby grant permission for school staff to seek emergency care for my child if it is needed. I understand that all costs incurred in treating and transporting my child will be borne by my family.
5. The Preschool Director reserves the right to cancel enrollment when it is determined that further attendance is not in the best interest of the child or of the school.
6. I agree to pay any and all collection costs that may be incurred if my preschool tuition account becomes delinquent.
7. Families who are registered as of June 15<sup>th</sup> are obligated for the September tuition. This may be billed before Sept and late as normal on Sept 5<sup>th</sup>.
8. Families who are delinquent on their BMH-BJ dues will be charged retroactively for non-member tuition.
9. I hereby grant permission for the BMH-BJ Preschool to use appropriate limited video as part of class or aftercare.
10. I hereby grant permission for my child to rest or sleep on a mat.
11. I hereby grant permission for my child's name to be on an allergy list which will be posted in any room of the preschool.
12. Cancellation # will be given at the time of any cancellation, be sure to keep this number for your records.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Cancellation Date \_\_\_\_\_

Cancellation # \_\_\_\_\_