



Emergency Contact and Information

Child Information:

Child's Name	Date of Birth	Boy / Girl
Child's Address	Home Phone Number	
City, Zip Code		

Parent & Family Information:

Parent 1	Parent 2		
Cell Phone Number	Work Number	Cell Phone Number	Work Number
Email Address	Email Address		
Jewish <input type="checkbox"/>	Non-Jewish <input type="checkbox"/>	Jewish <input type="checkbox"/>	Non-Jewish <input type="checkbox"/>
TBS Congregant: <input type="checkbox"/> Y <input type="checkbox"/> N, if "N", Other Temple Affiliation: _____			

With whom does child reside?

Parent 1 <input type="checkbox"/>	Parent 2 <input type="checkbox"/>		
Sibling	Date of Birth	Sibling	Date of Birth
Sibling	Date of Birth	Other	Relationship

Medical Information

Primary Physician Name	Phone Number
Medical Insurance Carrier	Insurance #
Please list any allergies:	
Any other medical concerns: (medications, physical limitation, or other):	

Emergency Contacts: Please list individuals who may be contacted in an emergency and who are authorized to take your child from the TBS ECC. Children will only be released to those individual listed on this form unless authorization is given in advance of pick up. Please include any authorized individuals that are listed on the California State Form.

Name	Phone	Relationship
Name	Phone	Relationship

Out-Of-State Contact:

Name	Phone	Relationship
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Do Not Release to: Please list anyone to whom your child should not be released. Please include special instructions or custody items along with this form.

Name	Phone	Relationship
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