

**Torah Tots Early Childhood Center  
Student Emergency Form  
2018-2019**

Student's Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Grade \_\_\_\_\_

Student's Hebrew Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Name of parent, guardian, or custodian \_\_\_\_\_

Address \_\_\_\_\_

**Street**

**City**

**State**

**Zip**

Phone: Home # \_\_\_\_\_ E-MAIL \_\_\_\_\_

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_

Mother's work # \_\_\_\_\_ Father's work # \_\_\_\_\_

Cell# \_\_\_\_\_ Cell# \_\_\_\_\_

Hospitalization (Insurance) Policy \_\_\_\_\_ Policy # \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_

**Name**

**Phone**

**EMERGENCY CONTACT:** \_\_\_\_\_

**Name**

**Phone**

**PLEASE COMPLETE CAREFULLY:**

1. **Medical Alert:** (medical condition or other serious medical concern) \_\_\_\_\_
2. Allergy to medications (please list) \_\_\_\_\_
3. Medications being taken (please list) \_\_\_\_\_
4. Previous fracture or joint injuries \_\_\_\_\_
5. Allergies (foods, etc.) \_\_\_\_\_

Doctor of choice: \_\_\_\_\_ Phone: \_\_\_\_\_

This grants permission to release information concerning treatment of my child \_\_\_\_\_  
to the representative from Torah Tots Early Childhood Center accompanying him/her.

If, in the opinion of the properly licensed and practicing physician, my son/daughter needs medical or surgical services that require my/our authorization or consent before being supplied, I/we hereby authorize, appoint, and empower Torah Tots Early Childhood Center to act as my/our agent to furnish on my/our behalf such oral or written authorization as which might arise from the giving by it of such authorization; it being my/our desire that my/our son/daughter be furnished with medical or surgical services as soon as reasonably possible after the need arises.

Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

State of Florida

County of Palm Beach

Signed by Parents, Legal Guardian, or Custodian

The foregoing instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

# ALLERGIES

Please let us know if your child is allergic to any types of food, medicines, insect bites, etc.

Child's Name: \_\_\_\_\_

Allergic to:



Possible symptoms if exposed:



Specific steps to take if my child has an allergic reaction:

My child has no known allergies

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Pediatrician Signature: \_\_\_\_\_

# FAMILY/CARPOOL INFORMATION

Student's Name: \_\_\_\_\_ Class: \_\_\_\_\_

We would like to notify grandparents when we are having special events:

Maternal Grandparents: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Paternal Grandparents: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Carpool Information: Please list below family/friends that are authorized to pick up your child without prior notification.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_



Dear Parents,

Our Torah Tots parent organization is planning wonderful programming for the students and families for the upcoming 2018-2019 school year.

We are requesting \$40 **per child** as annual TODAH dues. This will also cover certain special school events, such as:

- Feast of Thanks Picnic
- Sukkot Party
- Grandparents/Parents Purim Festival
- Gardening & Family Fun Day

Please enclose a check in the amount of \$\_\_\_\_ or a fill out the credit card information below.

Thank you,

T.O.D.A.H. (Together Organizing Doing and Helping)

\*\*\*\*\*

Credit Card Info

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

CC # \_\_\_\_\_ Exp. \_\_\_\_\_

# AUTHORIZATION

- I have read and understand The Maurice A. Halperin Torah Tots Early Childhood Center's (Torah Tots) Parents' Manual of School Policies for 2018-2019.
  
- I have read and understand Torah Tots' discipline policy.
  
- I authorize the faculty and staff of Torah Tots to photograph or video my child for the purpose of advertising, website contact, social media content, in-school blog, and other marketing purposes.
  
- I give permission for my name, telephone number and email to be included in the class list that will be distributed.
  
- I give permission to Torah Tots to take my child into the Chabad of Boca Raton building during the school day.
  
- I allow my child to participate in food related activities such as baking and special occasions such as holiday or birthday parties wherein food is concerned, subject to conditions noted: Allergy or dietary restrictions \_\_\_\_\_
  
- Parents and Torah Tots are working cooperatively to ensure that children are provided with nutritious snacks and meals. I agree to provide a nutritious lunch and a mid-afternoon snack for my child.

Child's Name: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_



*THE MAURICE A. HALPERIN  
TORAH TOTS EARLY CHILDHOOD CENTER*

*FORMS CHECKLIST 2018/2019*

**ADMISSIONS PROCEDURE:**

No child will be admitted to Torah Tots as a student until the following paperwork is submitted to the school office.

*(White Return Envelope Enclosed)*

- Emergency Information Form
- Authorization Form
- Family/Carpool Information
- Allergies
- Know Your Child’s Day Care Form (part of the brochure – sign & return)
- Influenza Virus (sign & return)
- Child Discipline Form
- Health & Immunization Form (forms obtained from your pediatrician) –must have before the first day of school**
- T.O.D.A.H. Dues