

Child's Name _____ Group _____ 2010-2011

Dear Parents:

Please sign and return both permission forms to school:

Temple Israel EARLY CHILDHOOD LEARNING CENTER
112 E. 75th Street
New York, NY 10021
(212) 249-5001

I. WALKING PERMISSION SLIP:

I give my permission for _____ to take trips with his/her class this year. I understand that the children will be adequately supervised and accompanied by their teachers at all times.

Signature of Parent or Guardian

Date

II. PARENT EMERGENCY CONSENT:

We the parents of _____ give our full permission to any teacher or administrator employed by the Temple Israel Early Childhood Learning Center to sign a sanction for any hospital emergency procedure or release forms in the event that we cannot be reached.

Parent's Signature

Parent's Signature

Date

Date