

CHILD'S LAST NAME:

(Please PRINT all information in INK)

TBI Shabbat Babysitting Pre-Registration

To ensure the safety of all children in care at Tiferet Bet Israel, effective March 1, 2010, we must require that the parent/guardian:

1. RSVP to the school office (610-275-6839) no later than 4:00 p.m. Thursday of EACH week when the child will attend babysitting
2. File the following information in advance for EACH child to be placed in care.

Thank you for your understanding and assistance.

Child's First Name

Child's Date of Birth (month/date/year)

First and Last Name of Adult(s) Attending Services:

Family's Home Address

City

State

Zip

Home Area Code and Phone

Cell Area Code and Phone

Although Jewish law prohibits the use of telephones on Shabbat, we ask that *for emergency purposes only* you leave the above cell phone turned on to *vibrate only*. In the event of a true emergency with your child we will use the cell number provided. *Do not answer the phone, but come immediately to the babysitting area if you are contacted during services.*

Other Information

List Allergens (food, environmental, etc.):

1

2

3

4

List typical allergic symptoms/reactions:

1

2

3

4

Describe the child's special physical needs:

(continue on back if needed)

Describe the child's special behavioral needs:

(continue on back if needed)

Personal belongings: If needed you may send one "comfort item" (e.g. blanket, stuffed animal), marked with your child's name.

Food: We discourage sending snacks, to avoid exposing other children to food allergens. If you send a snack, it must be Kosher, parve or dairy, and must be marked with your child's name.