

**BETH ISRAEL
COHEN FAMILY RELIGIOUS SCHOOL**

**SAFETY CARD
2024-2025 School Year**

385 Pottstown Pike, P.O. Box 678 Eagle, PA 19480 610-458-8550

PLEASE PRINT NEATLY

Child's Name: _____

Home Address: _____

Home Phone Number: _____

Parent #1:

Name _____

Cell Phone: _____

Work Phone: _____

Parent #2:

Name _____

Cell Phone: _____

Work Phone: _____

I give permission for the following people to pick up my child in the event of an evacuation emergency:

Name _____ Home phone _____

Cell phone _____ Work phone _____

Name _____ Home phone _____

Cell phone _____ Work phone _____

Name _____ Home phone _____

Cell phone _____ Work phone _____

My child has the following allergies: _____

Parent's Signature: _____ Date _____