



Beth Torah  
Benny Rok Campus

**EARLY CHILDHOOD ACADEMY  
ACKNOWLEDGEMENT CARD  
2018-2019**

*PLEASE PRINT LEGIBLY  
SIGN AND RETURN TO THE SCHOOL OFFICE*

Child(ren) Name(s)	Teacher /Program

We have received, read and accept the following:

**SUZY FISCHER EARLY CHILDHOOD ACADEMY PARENT HANDBOOK 2018-2019** - We agree to follow and abide by all rules, requirements and procedures.

**PERMISSION TO ALLOW E-MAIL CONTACT**

You may contact me via e-mail for periodic updates, news, and information.

**E-MAIL ADDRESS(ES)** \_\_\_\_\_  
\_\_\_\_\_

**In the event of an emergency and where it is deemed necessary to evacuate the building, I give permission for SUZY FISCHER EARLY CHILDHOOD ACADEMY to transport my child to another location. I release SUZY FISCHER EARLY CHILDHOOD ACADEMY and Beth Torah from any and all liability relating to such transport.**

**FIELD TRIP PERMISSION (Jr. Kindergarten only)**

Allow my child \_\_\_\_\_ to go on all field trips. I understand that I will be notified in advance of each trip. I understand that the insurance coverage provided by Beth Torah Benny Rok Campus is a supplemental policy and that my own health insurance is primary.

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I have read all of the above and I am providing consent by checking the appropriate boxes above.

Parent's Signature \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
First and Last