



Pick Up Authorization Form

Child's Name _____

I hereby authorize the following person/s (other than parent/s & guardian/s) to pick up my child from the B'ivrit program at Temple Israel:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Parent's signature: _____ Date: ____/____/____