

Department of Education Visiting Friend Policy



Congregation Beth Shalom
5772/2011-2012

Congregation Beth Shalom values the safety of its students and staff and strives to maintain a quality program. In order to protect all students in the building, we require that any visiting friends of students provide us with contact, medical and emergency information. It is understood that any students attending our programs must adhere to the Religious School Behavior Contract. We also request that these visits be limited to one to two visits per year. Beyond this point, we ask that students consider registering for our programs. If you have any questions, please contact Irit Eliav, Director of Education, iriteliav@bethshalomseattle.org or 206-524-0075 x 2503.

ALL FIELDS ON THIS FORM MUST BE COMPELTE.
FORMS MUST BE RECEIVED AND ACCEPTED BEFORE THE DAY OF THE VISIT.

STUDENT INFORMATION:

Student First and Last Name: _____ Grade as of 9/11: _____ DOB: _____
Student E-mail: _____

PARENT INFORMATION:

Parent 1: _____	Parent 2: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Parent E-mail 1: _____	Parent E-mail 1: _____
Daytime phone 1: _____	Daytime Phone 2: _____
Evening phone 1: _____	Evening Phone 2: _____
Cell phone 1: _____	Cell Phone 2: _____
Child(ren) Residing With: _____	

EMERGENCY INFORMATION:

Emergency Contact Person: _____	Dr. Name: _____
Relationship to Student: _____	Dr. Phone: _____
Cell Phone Number: _____	Insurance Company: _____
Daytime Number: _____	Policy Number: _____
