



ROSE FAMILY Early Childhood Education Center
14200 Lamar Avenue • Overland Park, Kansas 66223 • www.bethshalomkc.org
School (913) 647-7285 • Synagogue (913) 647-7279 • Fax (913) 647-7278



EMERGENCY INFORMATION
(Please fill out as completely as possible)

TODAYS DATE: _____

CHILD'S NAME _____

DATE OF BIRTH _____ WEIGHT _____

HEBREW NAME _____

NICKNAME _____

NAME FOR CUBBIES _____

ALLERGIES _____

WHAT IS THE REACTION? _____

PARENT 1 NAME _____

PARENT 2 NAME _____

HEBREW NAME _____

HEBREW NAME _____

HOME ADDRESS _____

HOME ADDRESS _____

CELL PHONE _____

CELL PHONE _____

E-MAIL ADDRESS _____

E-MAIL ADDRESS _____

PLACE OF EMPLOYMENT _____

PLACE OF EMPLOYMENT _____

PHONE _____

PHONE _____

OCCUPATION/TITLE _____

OCCUPATION/TITLE _____

PEDIATRICIAN'S NAME _____

PHONE _____

ADDRESS _____

HOSPITAL PREFERENCE _____

IN CASE OF AN EMERGENCY (PARENTS WILL BE NOTIFIED FIRST), PLEASE LIST EMERGENCY CONTACTS WE CAN REACH BESIDE YOURSELVES (PLEASE CONTACT THE SCHOOL OFFICE IMMEDIATELY WITH ANY CHANGES):

1) _____ HOME PHONE _____

RELATIONSHIP _____

CELL PHONE # _____

2) _____ HOME PHONE _____

RELATIONSHIP _____

CELL PHONE # _____

3) _____ HOME PHONE _____

RELATIONSHIP _____

CELL PHONE # _____

INITIAL _____



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PICK UP AUTHORIZATION 2020-21

No child will be turned over to an adult other than a parent unless we have written authorization from you. Please complete the following authorization, affix your signature and return it to the school as soon as possible. Please make sure this is updated as your arrangements change.

My child _____ is to go home **ONLY** with the following family members, friends or other care givers: Please provide cell phone numbers below.

_____	Cell Number _____	Relationship _____
_____	Cell Number _____	Relationship _____
_____	Cell Number _____	Relationship _____
_____	Cell Number _____	Relationship _____
_____	Cell Number _____	Relationship _____
_____	Cell Number _____	Relationship _____

ADDITIONAL COMMENTS:

 (Parent's Signature) (Date)

****Remember: Please send a note if anyone other than your carpool will be taking your child home****

PLEASE CONTACT THE SCHOOL OFFICE IMMEDIATELY IF THERE IS ANY CHANGE IN CARPOOL AUTHORIZATION.



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Dear Parents,

These times are so unlike any times I have ever experienced. The threat of COVID19 and all of the unknown information is very difficult. When creating the following policies and protocols we followed the guidance of KDHE and the CDC.

These are the proactive measures we will be taking to keep staff and children safe and healthy:

- Classes and pods will not interact.
- Teachers will always be masked and children 3 and over will be masked anytime they are indoors.
- We will encourage “airplane arms” to teach the children about social distancing and personal space.
- Children will have their own art supplies to limit touch zones.
- All shared toys will be sanitized after use.
- Children will bring their own water bottles and a snack to limit who is touching their food.
- Parents will fill out a health questionnaire daily before coming to school.
- Playground Surfaces will be cleaned in between classes.

When the pods and in school classes open, we need a commitment that you will do the following:

Keep your child home if they have any of the following symptoms:

- Runny nose
- Fever
- Cough
- Diarrhea or vomiting
- Shortness of breath
- Chills
- Sore throat
- Headache
- Loss of taste or smell
- Muscle pain
- Contact with someone who has tested positive for COVID19 or someone who is ill with a respiratory illness.

Please sign below to confirm your commitment to help keep all of our children, families and staff healthy by keeping your child home if they have any of the above symptoms.

Parents name _____ (please print)
Parent's signature _____ Date _____