



GAN ISRAEL-SHALOH HOUSE

WHERE JEWISH KIDS ARE HAPPIER AND HAPPY KIDS ARE JEWISHER!

PICK-UP AUTHORIZATION FORM

Child's Name: _____

Date of Birth ____/____/____

Child's Name: _____

Date of Birth ____/____/____

Child's Name: _____

Date of Birth ____/____/____

The following people are authorized to pick up my child(ren) from Camp Gan Israel Shaloh House

1. Name _____

Relationship to child _____

2. Name _____

Relationship to child _____

3. Name _____

Relationship to child _____

4. Name _____

Relationship to child _____

Parent/Guardian signature _____

Date ____/____/____

