



CONTACT AUTHORIZATION

FOUR AND FIVE YEAR OLDS

————— BUILDING THE JEWISH FUTURE ONE CHILD AT A TIME —————

CHILD'S NAME: _____

I GRANT PERMISSION TO MEMBERS OF THE PROFESSIONAL STAFF OF YESHIVA HAR TORAH TO SPEAK WITH THE CURRENT OR PREVIOUS TEACHER(S) AND/OR DIRECTOR OF MY CHILD'S PRE-SCHOOL PROGRAM.

SIGNATURE: _____

DATE: _____

NAME OF PRE-SCHOOL: _____

TELEPHONE NUMBER: _____

TEACHER(S) NAME: _____

DIRECTOR'S NAME: _____

CHECK HERE IF YOU WOULD PREFER THAT WE NOT CONTACT YOUR CHILD'S SCHOOL.

PLEASE PROVIDE US WITH AN ALTERNATIVE TEACHER WITH WHOM WE CAN SPEAK.

TEACHER'S NAME: _____

NAME OF SCHOOL: _____

PHONE NUMBER: _____