



E.B. Hirsh  
Early Childhood Center  
Baltimore Hebrew Congregation

Child's Name \_\_\_\_\_

**INSURANCE INFORMATION 2020-2021**

In case of Emergency, please provide the following information as an addendum to your Emergency Form.

Name of Insurance Company \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Member # \_\_\_\_\_

Group # \_\_\_\_\_

Initial: \_\_\_\_\_ Date: \_\_\_\_\_