



Jewish Center of Northwest Jersey

115 Yonkers Avenue, Washington, New Jersey 07882 (908) 689-0762

The Mike Weiner School of Jewish Learning

REGISTRATION FORM

5779 / 2018-2019

Please ensure your family account is paid in full prior to enrolling in our school.

All personal information will be kept strictly confidential.



Child Name: _____ Hebrew Name: _____

Date of Birth: _____ Secular School: _____ Grade: _____

Please list any **food allergies**: _____

Provide any learning, behavioral, speech or fine motor concerns of which you believe we should be aware, in addition to any special services your child receives at school:

List any medical conditions of which we should be aware:

Parent Name: _____ Hebrew Name: (if applicable): _____

Mailing Address: _____ Home Phone: _____

E-mail: _____ Cell Phone: _____

Parent Name: _____ Hebrew Name: (if applicable): _____

(If different from above)

Mailing Address: _____ Home Phone: _____

E-mail: _____ Cell Phone: _____

Emergency Contact *(if parents are unreachable)*:

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Emergency Care Permission

Although the recommendation of the parent will be respected as much as possible, I understand that in the final disposition of an emergency case, the judgment of the adults on site will prevail. I hereby give permission to JCNWJ Personnel to seek emergency medical treatment from the physician of their choice for my child.

Signature of parent or guardian: _____ Date: _____