



Jewish Center of Northwest Jersey

115 Youmans Avenue, Washington, NJ 07882

www.jcnwj.org



The Mike Weiner School of Jewish Learning

Registration Form

5777 / 2016-2017

Family accounts must be paid in full in order for children to be enrolled in our school.

STUDENT

English Name: _____ Hebrew Name: _____

E-mail: _____ Cell Phone: _____

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

So that we may educate your child to the best of our ability, please list any learning, behavioral, speech, fine motor, reading or language concerns of which you believe we should be aware:

Is your child receiving any special services in school? If so, please describe:

Please list any medical conditions of which you believe we should be aware:

Please print additional copies of this page and complete for any additional children.

PARENT/GUARDIAN #1

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

Mailing Address:

E-mail: _____ Cell Phone: _____

Home Phone: _____ Business Phone: _____

PARENT/GUARDIAN #2

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

Mailing Address:

E-mail: _____ Cell Phone: _____

Home Phone: _____ Business Phone: _____

*If information is the same for both parents, please write "same" in Parent B space.
If students live with one parent the majority of the time, please make that parent, Parent A.*

FIRST EMERGENCY CONTACT (If parents are unreachable): _____

Cell Phone: _____ Home Phone: _____

ALTERNATE EMERGENCY CONTACT (If parents are unreachable): _____

Cell Phone: _____ Home Phone: _____

Student(s) Name(s) _____

Emergency Care Permission

Although the recommendation of the parent will be respected as far 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: _____

Field Trips Permission

I give permission for my child to participate in field trips and to ride in private automobiles of faculty, parents, and friends during field trips. I hereby release the school and all such field trip sites while being transported by such means.

Signature of parent or guardian: _____ Date: _____