

Jewish Youth Learning Center @ Jericho Jewish Center 2020-2021 Student Registration and Enrollment Form

Please complete this form for each child enrolled in our Jewish Youth Learning Center. No student is considered enrolled unless this Student Enrollment Form and the Confidential Family Information Form are filled out in their entirety.

Student's Last Name _____ First _____ Middle _____

Date of Birth _____ Hebrew Name _____

Home Address _____

Public School Attended _____ School Grade as of Sept '20 _____

Are you a new member of JJC as of 2020? Yes No Is your child new to our school? Yes No
(New member rates are effective for religious school year only)

Parent/Guardian #1 Name _____ **Best # to call is:** _____

Home # _____ Cell # _____

Email _____ Work # _____

Parent/Guardian #2 Name _____ **Best # to call is:** _____

Home # _____ Cell # _____

Email _____ Work # _____

Email Address we should use for all RS/Synagogue communication:

Parent/Guardian #1 _____ Parent/Guardian #2 _____

Preferred way of being contacted: (please check)

Cell Phone Home Phone Email Text through Remindme.com

Emergency Contact Information: If parents cannot be reached, who should be called?

Name _____ Tel # _____ Relationship to Child _____

Name _____ Tel # _____ Relationship to Child _____

Child's Physician & Telephone number: _____

If your child needs to be picked up early from RS, whom do you authorize to sign him/her out:

#1. _____ Relationship to Child _____

#2: _____ Relationship to Child _____

I give permission for the school to photograph/video my child participating in Religious School and synagogue activities. These photographs may be displayed, reproduced and appear in the synagogue and/or on the Jericho Jewish Center website, in the monthly bulletin, other publications and local press.

I give permission to release my contact information to my child classmates only.

Person filling out this form _____ Signature _____ Date _____

**Confidential Family Information Form
2020 – 2021 Jewish Youth Learning Center**

Please complete this form for each child enrolled in our Jewish Youth Learning Center. Filling this form out in its entirety will help us better serve your child and your family.

Name of Student: _____ **RS Grade in Sept., 2020** _____

Does your child have food allergies? Please specify:

Please list any medications your child takes:

Please tell us about any medical conditions (for example: asthma, diabetes, seizures) your child has:

It is important that every child in our school be able to learn in the best way possible and to have a positive experience in our school. Sharing the following information with the school administration will help ensure that we can try to meet both needs and challenges:

Does your child have an IEP? Yes / No Does your child have an aide for any part of the school day? Yes / No

Is your child in a resource room or self-contained classroom? Yes / No

Does your child have any special learning needs we should be aware of? Yes / No

Does your child have behavior issues we should be aware of? Yes / No

If you answered YES to any of the above questions please explain below:

Please tell us any other information that you believe would be helpful for us to know about your child:

It is understood that in the final disposition of any emergency case, judgment of the school authorities will prevail. Recommendation of the parents as indicated above will be respected as far as possible. If at any time the above information must be changed, I will notify the Education Director in writing.

Signature of Parent of Guardian

Date

QUESTIONS? Please call 516-938-2540 or email elissa@jerichojc.org

FOR OFFICE USE ONLY: DATE REC'D _____ REC'D BY _____ PMT \$ _____ CK/CASH/CC _____