



Find your center, here.

JEWISH CENTER OF THE HAMPTONS

44 WOODS LANE, PO BOX 5107, EAST HAMPTON, NY 11937 | WWW.JCOH.ORG | 631-324-9858 | FAX 631-329-6654

GATES OF JEWISH LEARNING 2019-20 | 5780 STUDENT ENROLLMENT INFORMATION

BASIC STUDENT INFORMATION

Student's Name _____ Nickname _____

Hebrew Name _____ Birthday _____ Gender _____ New to our school? _____

Home Address _____

City _____ State _____ Zip _____

Student's Phone _____ Student's Email _____

Secular (Public/Private) School Name _____ Location _____

Names of Siblings _____ Ages of Siblings _____

PARENT/GUARDIAN INFORMATION

Please fill in as much information as you'd like us to have.

Parent/Guardian

Parent/Guardian

Name _____

Name _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

Email Address _____

Email Address _____

EMERGENCY INFORMATION

Please list at least one person in addition to a physician we can contact if no parent is available.

Contact Name _____

Phone _____

Contact Name _____

Phone _____

Physician Name _____

Phone _____

Preferred Hospital _____

Insurance Company/Information _____

(over, please)

MEDICAL INFORMATION

Please be as complete as possible.

Allergies _____

Other Medical Information _____

ADDITIONAL INFORMATION

Please list anything else that will help us better understand your child.

PARENT/GUARDIAN PERMISSIONS

I hereby grant permission for my child to leave the Jewish Center of the Hamptons grounds to participate in off-site programs and trips. I understand that a Waiver of Liability, Assumption of Risk, and Hold Harmless Agreement will need to be signed for each such program or trip.

I hereby grant the Jewish Center of the Hamptons permission to use and publish likenesses of me or my child in connection with JCOH publicity and other publications.

I hereby grant permission to the staff of the Jewish Center of the Hamptons to take whatever emergency measures are deemed necessary in the event of a medical emergency.

Parent/Guardian Signature _____ Date _____