



44 Woods Lane, PO Box 5107, East Hampton, NY 11937 | Tel (631) 324-9858 | Fax (631) 329-6654 | www.jcoh.org

Gates of Jewish Learning

2018-19 | 5779

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

Name _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email Address _____

Parent/Guardian

Name _____

Home Phone _____

Cell Phone _____

Work Phone _____

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 _____

Parent/Guardian Signature _____ Date _____
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