

WESTCHESTER JEWISH CENTER RELIGIOUS SCHOOL

Palmer and Rockland Avenues ✕ Mamaroneck, NY 10543 ✕ 914-698-2966 ✕ Fax 914-698-3610 ✕ www.wjcenter.org

**HEBREW HIGH SCHOOL REGISTRATION
GRADES 8-11
2010 - 2011**

Dinner: 6:00-6:30 pm ✕ Classes: 6:30-8:45 pm

Are you a WJC Member? Yes No

Student's Name: _____

Home Address: _____

Home Telephone: _____ Email: _____

Mother's Name: _____ Work Tel: _____ Cell/Pager: _____

Father's Name: _____ Work Tel: _____ Cell/Pager: _____

Public School: _____ Grade: _____

I have enclosed a deposit of \$390 - I understand that full tuition must be paid when school begins.

MEDICAL INFORMMATION – FOR EMERGENCY USE:

Family Physician: _____ Telephone: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

NOTE: Please list someone other than a parent. This person will be called only if parents cannot be reached.

CURRENT HEALTH INFORMATION:

▪ Does your child have any learning issues our school should be aware of? Yes No

If yes, please explain: _____

▪ Does your child have any allergies? Yes No

If yes, please list: _____

▪ Is your child currently taking any medication(s)? Yes No

If yes, please explain: _____

I hereby state my permission for the staff of WJC to take my child, _____, to the Emergency Room of the closest available hospital as determined by the medical emergency personnel of the ambulance in the event that I cannot be reached at any given number and that all necessary treatment can be given at that time.

Parent's Signature: _____

Date: _____