# Welcome!

Thank you for your interest in the Jewish Center of the Moriches Hebrew School. We are delighted that you are considering joining our synagogue family.

Our once-a-week Jewish Learning Program offers a warm, engaging introduction to Jewish life through Hebrew, Torah, prayer, traditions, and hands-on learning. Please complete one form for each child.

## Student Information

*Please tell us about the student who will participate in our Jewish Learning Program.*

**Student's Full Name ***

**Hebrew Name**

**Date of Birth (MM/DD/YYYY) ***

**Grade Entering ***

**Current School**

## Parent / Guardian Information

*Please tell us how we can contact you.*

**PARENT / GUARDIAN 1**

**First Name ***

**Last Name ***

**Relationship to Student**

**Email Address ***

**Mobile Phone ***

* Required information

## Parent / Guardian Information (continued)

**ADDITIONAL PARENT / GUARDIAN (OPTIONAL)**

**First Name**

**Last Name**

**Relationship to Student**

**Email Address**

**Mobile Phone**

**Preferred Contact Method**

- [x] Email
- [ ] Text message
- [ ] Phone call

**Primary Contact**

- [ ] Parent / Guardian 1
- [ ] Parent / Guardian 2

## Home Address

*Where does your family live?*

**Street Address**

**City**

**State**

**ZIP Code**

## Previous Jewish Education

*This information helps us place your child in the most appropriate class.*

**Has your child previously attended a Hebrew School or Jewish Learning Program?**

- [ ] Yes
- [ ] No

**If yes, school or program name**

**Number of Years Attended**

## Medical & Emergency Information

*Please share information that will help us provide a safe, supportive, and successful learning environment.*

**Allergies (write 'None' if not applicable)**

**Medical Conditions (write 'None' if not applicable)**

**Medications (write 'None' if not applicable)**

**Learning Accommodations or Special Needs**

## Emergency Contact

*Please provide someone other than a parent or guardian listed on this form.*

**Full Name ***

**Relationship to Student ***

**Mobile Phone ***

**IMPORTANT**

If your child's care needs change after registration, please notify the Hebrew School promptly.

## Permissions

*Please indicate your preferences below.*

**Photo and Video Permission**

I give permission for my child to appear in photographs or videos used by the Jewish Center of the Moriches in newsletters, printed materials, social media, or on our website.

☐ Yes ☐ No

**Email Communications**

I agree to receive Hebrew School news, schedules, and program updates by email.

☐ Yes ☐ No

**Text Message Reminders**

I agree to receive occasional schedule changes or reminders by text message.

☐ Yes ☐ No

## Additional Information

*Is there anything else you would like us to know about your child?*

**Additional Information**

## Parent Acknowledgment

By signing below, I certify that the information provided is accurate to the best of my knowledge.

**Parent / Guardian Signature ***

**Date ***

**Thank you for registering.**

Please return the completed form to the Jewish Center of the Moriches.