

**Congregation Sha'arey Ha-Yam
Gates of the Sea
P.O Box 1268 Manahawkin, New Jersey 08050**

Student Enrollment, Emergency Contact & Release Forms
Date Application Filled Out _____

Membership in the Congregation is a prerequisite for Hebrew School

Last Name: _____ **First Name:** _____ **Hebrew Name:** _____
Date of Birth: _____ **Age:** _____
Religious School Grade: _____ **Secular School Name:**
_____ **Grade:** _____

Student's Address: _____
If student resides at more than one address, please use the following space to explain his or her living situation:

Guardian Information:

1. Guardian's Name: _____ E-Mail Address _____
Telephone Numbers Home _____ Work _____
Cellular Telephone: _____ Other _____
Address if different from the student's: _____

2. Guardian's Name: _____ E-Mail Address: _____
Telephone Numbers Home: _____ Work: _____
Cellular Telephone: _____ Other: _____
Address if different from the student's: _____

Medical Information:

Physician's Name _____ Telephone # _____
Insurance Co.: _____ Plan/Group#: _____ Policy# _____

Alternate Emergency Contact Information: Should my child become ill and a parent/guardian cannot be reached, please notify one of the following people to pick up my child. If there should be a civil defense emergency or natural disaster, the following people are authorized to pick up my child.

Name: _____ Relationship to child: _____
Telephone Number(s) _____
Name: _____ Relationship to child: _____
Telephone Number(s) _____

Transportation:

My child has permission to leave religious school on his/her own: Y/N

IF NOT: My child may be released to: _____

Publicity:

I give permission for my child's photo to be published on the Congregation Sha'arey Ha-Yam's website

without his/her name: _____ Y/N

Personal Information:

A. My child has the following allergies (food, environment, etc.)

B. My child has the following physical, learning or personal needs that might affect his/her performance and/or adjustment in Religious School

C. My child is receiving the following supportive services that would be important to know about:

D. Additional information:

Other children at home or in college and their ages:

Information given by:

(Signature)

Relationship to child: _____

Date: _____