

THE JEWISH CENTER OF THE HAMPTONS
44 Woods Lane, P.O. Box 5107, East Hampton, NY 11937
(631) 324-9858 Fax:(631) 329-6654 www.jcoh.org

STUDENT ENROLLMENT FORM
2011-2012 (5771-5772)

Students Name: _____ Hebrew Name: _____ Home Phone: _____

Date of Birth: _____ Gender: M F Secular School _____ Grade (2010-11) _____

Special Learning or Medical Conditions: _____

Student's Email Address _____

Student's Cell Phone _____

Primary Address: _____
(Street) (City) (State) (Zip)

NAME OF ADULT 1 Relationship Bus. Phone Cell Email

Address (if different from above): _____ Occupation: _____

NAME OF ADULT 2 Relationship Bus. Phone Cell Email

Address (if different from above): _____ Occupation: _____

Siblings (Name/Date of Birth): _____

EMERGENCY INFORMATION

Physician: _____ Phone: _____ Address: _____

Dentist: _____ Phone: _____ Address: _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY (other than parents)

1. _____
Name Relationship Phone Cell

2. _____
Name Relationship Phone Cell

PERMISSIONS

I hereby give do not give permission for my child to leave The Jewish Center grounds to participate in off-site programs and trips.

School Directory (To accommodate requests from many parents for a class list, we'd like your permission to include your family's phone number and address. This directory may not be used for any purpose other than student contacts.)

I do do not want my child to be included on the class list.

I give do not give the Jewish Center of the Hamptons permission to use photographs of my child on the JCOH website and in print materials.

In the event of a medical emergency, I give do not give permission to the staff of the JCOH to take whatever emergency measure is necessary.

Parent Signature: _____ Date: _____ Parent Signature: _____ Date: _____

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RELIGIOUS SCHOOL FEES
2011-2012 (5771-5772)

Parent Name: _____ Phone: _____ Email: _____

	<u>JCOH</u> <u>Members</u>	<u>Non - Members</u>
<u>Grades Pre-K – 4</u>	<u>\$450</u>	<u>\$610</u>
<u>Grades 5 - 8</u>	<u>\$600</u>	<u>\$760</u>
<u>Confirmation Class</u>	<u>\$400</u>	<u>\$460</u>

*Sibling tuition discount \$100 per child

<u>Student Name</u>	<u>Grade</u>	<u>Tuition</u>	<u>Books</u>	<u>Total</u>
_____	_____	_____	\$150	_____
_____	_____	_____	\$150	_____
_____	_____	_____	\$150	_____
_____	_____	_____	\$150	_____

* I would like to contribute to the Religious School Scholarship Fund _____

Grand Total _____

Enclosed is my check in the amount of \$_____ (Payable to JCOH)

OR Please charge my credit card:

American Express MasterCard Visa **Card number:**

Signature: _____ Exp. Date: _____ **Billing Zip Code:** _____

The Jewish Center of the Hamptons is committed to the philosophy that our programs should be available to all families. For financial assistance or arrangements, please contact our Executive Director, Diane Wiener at (631) 324-9858, ext. 203.