

**CONGREGATION ETZ CHAIM MONROE TOWNSHIP JEWISH CENTER  
SCHOOL REGISTRATION FORM**

**Parent #1 Information:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Parent #2 Information:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Any family situations you feel we should be aware of \_\_\_\_\_

Your special interests which may be helpful to our school:

Teaching experience ( ) Class Parent ( ) Education Committee ( ) Adult Education ( )

Parent's or Guardian's Signature \_\_\_\_\_

**LIST ALL CHILDREN WHO WILL BE ATTENDING RELIGIOUS SCHOOL:**

Child 1

Child 2

Child's Full Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Public School Grade  
as of September: \_\_\_\_\_

Allergies? \_\_\_\_\_

Does your child require an Epi pen? \_\_\_\_\_

Does your child have any  
Special needs? \_\_\_\_\_

For New Students: Describe previous Religious School instruction and the name & location of the school:

\*\*NOTE: For any child beginning after 3<sup>rd</sup> Grade, this application must be accompanied by records from previous Religious School (s). Registration will NOT be complete without approval of these transcriptions.