

THE HEBREW SCHOOL

OF HEBREW TABERNACLE

551 Ft. Washington Ave. NYC 10033 (212) 568-8304

Shelly Koy, Principal

STUDENT INFORMATION SHEET (2017-18)

Please fill out ALL 4 SIDES of this form to make this important information easier to access.

Part One: Student current Hebrew School class _____

Student's Name _____

Student's Hebrew Name _____

Date of Birth _____

Home Address (w/Apt #) _____

Phone #s Home () _____ student cell # () _____

Student e-mail address _____

Student's Day School _____ grade (2017-18) _____

School address _____

School phone # () _____

Name(s)/age(s) of sibling(s) _____

Part Two: Parent(s)

Parent #1 Name _____

Home Address (w/Apt #) _____

Phone #s Home () _____ Work () _____

Cell () _____

e-mail address _____

Parent #2 Name _____

Home Address (w/Apt #) _____

Phone #s Home () _____ Work () _____

Cell () _____

e-mail address _____

With whom does the child live? _____

Part Three: Drop-off/Pick-up Info & Emergency Contact(s)

Hebrew School begins with snack time at 4pm and ends at 6pm (5:30pm for Kita Aleph). Students are not permitted in the building before 4pm without an accompanying adult. We are concerned about your child's safety. Any changes to the instructions below must be made via email or in writing and delivered in advance to the Principal (skhspr@gmail.com) or Office.(HToffice@nyc.rr.com) If there is an emergency last-minute change of plans, the PARENT (or legal guardian) must call the Office (212 568-8304) as early as possible before dismissal time to inform us of the change.

Child will arrive by him/herself (Please circle one) Yes No

Child will be brought to Social Hall by:

Name(s) of adult(s) in addition to the parent(s) authorized to bring the child:

- 1. _____ phone: _____
- 2. _____ phone: _____

Name(s) of adult(s) in addition to the parent(s) authorized to pick up the child:

- 1. _____ phone: _____
- 2. _____ phone: _____

Adult(s) with whom the child may NOT leave: _____

_____ **My child may leave the Hebrew School and walk home without an adult.**

Parent Name (print) Parent Signature Date

Emergency/Pick-up Contact #1 Name: _____

Home Address (w/Apt. #) _____

Phone #s Home () _____ Work () _____

Cell () _____

e-mail address _____

Emergency/Pick-up Contact #2 Name: _____

Home Address (w/Apt. #) _____

Phone #s Home () _____ Work () _____

Cell () _____ e-mail

address _____

Emergency/Pick-up Contact #3 Name: _____

Home Address (w/Apt. #) _____

Phone #s Home () _____ Work () _____

Cell () _____

e-mail address _____

Student's Name _____

Part Four: Medical Information

Doctor's Name _____

Address _____

Phone () _____ Alt Phone () _____

Medical plan-Company name _____ ID # _____

Phone number _____

Medications the student is taking

1. _____
2. _____

Allergies to Medication

1. _____
2. _____

Food Allergies (students will be served snacks before class)

1. _____
2. _____
3. _____

Other information the school should have about the student to help make the Hebrew School experience successful.

Part Five: Other Children's programming

Please list names and ages of children in your family who would like to participate in: (check website for schedules)

Tot Shabbat _____

Hebrew High School (Monday evenings, 6:00-7:30)
