

THE HEBREW SCHOOL

OF HEBREW TABERNACLE

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

Shelly Koy, Principal

STUDENT INFORMATION SHEET (2018-19)

Part One: Student

Hebrew School class _____

Student's Name _____ Hebrew Name _____

Date of Birth _____

Home Address (w/Apt #) _____

Student cell () _____ Email _____

Student's Day School _____ Grade _____

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

Part Two: Parent(s)

Parent #1 Name _____ Email _____

Phone #'s Home () _____ Cell () _____

Work () _____

Address (If different than student's) _____

Parent #2 Name _____ Email _____

Phone #'s Home () _____ Cell () _____

Work () _____

Address (If different than student's) _____

With whom does the child live? _____

Part Three: Drop-off/Pick-up Information

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. If there is an emergency or 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.

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

My child may leave the Hebrew School and walk home without an adult. (Please circle one) Yes No

Parent Name (print)

Parent Signature

Date

Child will be brought to and picked up from the 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: _____

Student's Name _____

Part Four: Emergency Contact(s)

In case of an emergency “Parent #1 and Parent #2” as listed on this form will be used as the student’s first emergency contact(s). Below list additional emergency contacts in case a parent/guardian cannot be reached immediately.

Emergency/Pick-up Contact #1

Name: _____ **Phone ()** _____

Relationship to student _____

Emergency/Pick-up Contact #2

Name: _____ **Phone ()** _____

Relationship to student _____

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 (One Monday a month, check website for schedule)

AUTHORIZATION
For medical treatment of minors

If your child needs medical, dental, health or hospital services, under the law, you as a parent must give permission. Using this form, you can give permission to other adults to act for you, in your absence, regarding the treatment of your child. This is a legal document. After you complete this form, give a copy to each adult you have named to act on your behalf. If your child needs unexpected medical treatment, the responsible adult should present this document to the appropriate person -- physician, dentist, or hospital representative. When a true emergency exists a child may be treated without parental consent. This will happen when a physician determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase the risk to the child's life or health.

PLEASE COMPLETE ALL SECTIONS

IDENTIFICATION

Name of Minor _____ Date of Birth _____

Allergies (Including Environmental, Food(s) and Allergies to any medication) _____

Medications now being taken (include dosage) _____

PHYSICIAN

Physician's Name _____ Physician's Phone# _____

Physicians Address _____

HOSPITALIZATION COVERAGE FOR ABOVE NAMED MINOR

Insurance company or government program _____

Phone _____

ID# or Contract number _____

I, being the parent, custodian or legal guardian of the above named minor, do hereby appoint:

The staff of Hebrew Tabernacle
551 Ft Washington Ave. NY NY 10034
212-568-8304

to act on my behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor in my absence.

Printed Name _____ Signature _____ Date _____

Phone(H) _____ (Work) _____ (Cell) _____

Signature of witness _____ Date _____

This form is valid for a period of one year from the date signed

Student's Name _____

Hebrew Tabernacle Hebrew School 2018-20119 Photo/Video Consent Form

You give the Hebrew Tabernacle Congregation permission to use a photograph and/or to take photographs and/or videos of the child named on the form for use in print or electronic media for the promotion of programs connected with the Hebrew Tabernacle Congregation and the Hebrew School.

Child's Name:

**Parent's
Name**

Signature: _____ **Date:** _____

Received by Hebrew School Representative (*print name*):

Signature: _____ **Date:** _____