



Marlboro Jewish Center

CONGREGATION OHEV SHALOM HEBREW SCHOOL
103 School Road West, Marlboro New Jersey
MJCHS@MJCNJ.COM Tel: (732)536-2303, ext. 114

Student Information: Child 1

Student's Full Name _____ Gender _____
Hebrew Name _____ Hebrew School Grade _____ Birth Date _____
Home Address _____ City _____ Zip Code _____
Public School Grade _____ Name of School _____ Town _____

Student Information: Child 2

Student's Full Name _____ Gender _____
Hebrew Name _____ Hebrew School Grade _____ Birth Date _____
Home Address _____ City _____ Zip Code _____
Public School Grade _____ Name of School _____ Town _____

Student Information: Child 3

Student's Full Name _____ Gender _____
Hebrew Name _____ Hebrew School Grade _____ Birth Date _____
Home Address _____ City _____ Zip Code _____
Public School Grade _____ Name of School _____ Town _____

Student Information: Child 4

Student's Full Name _____ Gender _____
Hebrew Name _____ Hebrew School Grade _____ Birth Date _____
Home Address _____ City _____ Zip Code _____
Public School Grade _____ Name of School _____ Town _____

Parent/Guardian Information:

Please indicate if a parent/guardian is of another faith: Mother _____ Father _____

Parent/Guardian 1 Name _____

Home Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

Parent/Guardian 2 Name _____

Home Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

Emergency Contact

In case of emergency and the parent or caregiver cannot be reached, please notify:

Name _____ Relationship to family _____

Address _____ City _____ Zip Code _____

Daytime Phone _____ Cell Phone _____

Please list any current medications, medical conditions, recent injuries, and food or drug allergies:

Media Release

I hereby consent to the use of my/my child's name, likeness and speech in any audio tape, video tape, film or photograph made in any Marlboro Jewish Center. Hebrew School activity for the business or publicity purposes of Marlboro Jewish Center. I understand that any participation offers no remuneration and that my/my child's name, likeness and speech may be edited, produced, recorded for duplication and distribution throughout New Jersey.

Please sign here if you do not agree to the Media Release _____

Parent/ Legal Guardian Signature

Date