

**ENROLLMENT FORM**

**Students Enrolled:**

Last Name	First Name	Date of Birth	Place of Birth	Grade for 2018

**Other Children in the Family:**

Last Name	First Name	Date of Birth	School Attending/Grade

**For New Students Only:**

Pre-School Experience (For Students Entering Kindergarten Only)

Current/Previous School Experience (For Students Entering All Other Grades)

School	Contact	Years Attended/ Grade

**Parent/Guardian Information:**

**Parent/Guardian 1:**

Title \_\_\_\_\_ First/Last Name \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ NEMJDS Alumni (Yes or No)

(over)

**ENROLLMENT FORM**

**Parent/Guardian 2:**

Title \_\_\_\_\_ First/Last Name \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ NEMJDS Alumni (Yes or No)

Parent/Guardian Marital Status: \_\_\_\_\_ Students Reside with  #1  #2  Both

**Emergency Contact:**

**Complete this section for each child enrolled if the information is different for each child.**

**Contact (if parents/guardians cannot be reached):**

Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Primary Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

**Family Doctor:**

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Emergency Information:**

If there is a medical emergency, I authorize the N.E. Miles Jewish Day School to take my student(s) \_\_\_\_\_ to any licensed physician/emergency room.

Preferred hospital (if applicable): \_\_\_\_\_

List any allergies, illnesses, or disabilities below:

Student's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

**Please sign the enrollment form and return with the items listed below by February 20<sup>th</sup>**

- **\$350 Registration Fee per student (non-refundable)**
- **Tuition Contract**

**SIGNATURES**

1 Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

2 Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_