The Irving T. Wolfson Jewish Learning Center
Or Hadash
153 White Meadow Road • Rockaway, NJ 07866
(973) 627-4500 • www.ohnj.org

Registration Form – School Year 2025/2026

Please complete one registration form per child.

Name of child: _____ Birth Date: _____
Last *First* *M.I.*

Hebrew name (transliteration acceptable): _____

Grade in public school as of September 2025: _____

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Parent Name: _____

Parent Mobile Phone: _____

Parent Home Phone: _____

Parent email: _____

Parent Name: _____

Parent Mobile Phone: _____

Parent Home Phone: _____

Parent email: _____

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2025/2026 Photo Release Waiver

Name of child: _____ Birth Date: _____
Last *First* *M.I.*

Name of child: _____ Birth Date: _____
Last *First* *M.I.*

I allow the use of my child(ren) to be used on the Or Hadash website, social media sites, brochures, newsletters and/or promotional materials YES ☐ NO ☐

Or Hadash has a website and social media presence that will include photos of personnel and students.
It is specifically understood that such contemplated photos will have no addresses or identifications of any sort on such photos.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

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2025/2026 Emergency Contacts

Name of child: _____ Birth Date: _____
Last *First* *M.I.*

Name of child: _____ Birth Date: _____
Last *First* *M.I.*

CONTACTS
Persons to be called if parents cannot be reached.

Name: _____ Relationship: _____

Home Phone: _____ Mobile Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Mobile Phone: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____