

**CHILD MASTER PROFILE FORM**

*Please complete one per child and attach a current wallet sized photo of your child.*

**PARTICIPANT INFORMATION**

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_

☐ Male ☐ Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

2013-2014 School Grade: ☐ PK ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

Child lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Grandparents ☐ Guardians

Parent/Guardian Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Separated

Who has legal custody of this child? Names \_\_\_\_\_

Siblings in Club J or Club 678: Names \_\_\_\_\_

Swimming Level ☐ Beginner ☐ Intermediate ☐ Advanced

What types of activities does your child gravitate towards? \_\_\_\_\_

Does your child adapt well to new environments? \_\_\_\_\_

How does your child get along with other children? ☐ Easily ☐ Fairly Easily ☐ With Difficulty

How does your child respond to supervision or constructive criticism? \_\_\_\_\_

What behavior management methods work best for your child? \_\_\_\_\_

Please share any information that you feel we should be aware of to best meet the needs of your child.

**FIRST PARENT/GUARDIAN INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

**SECOND PARENT/GUARDIAN INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Relationship to child \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Relationship to child \_\_\_\_\_

## HEALTH FORM

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_

Chronic Medical Conditions? ☐ Yes ☐ No

If yes, provide details \_\_\_\_\_

Medication or Food Allergies? ☐ Yes ☐ No

If yes, provide details \_\_\_\_\_

Dietary restrictions? ☐ Yes ☐ No

If yes, provide details \_\_\_\_\_

Are there any activity restrictions? ☐ Yes ☐ No

If yes, provide details \_\_\_\_\_

Any regular or PRN medications? ☐ Yes ☐ No

If yes, provide details \_\_\_\_\_

Will medication need to be administered during Club J/Club 678? ☐ Yes ☐ No

If yes, an **AUTHORIZATION TO ADMINISTER MEDICATION** form and/or **AUTHORIZATION TO CARRY AN EPIPEN/INHALER OR INSULIN** form must be filled out. You can find these forms on the Club J/Club 678 website at atlantajcc.org.

Does your child have a history of: Vision Impairment ☐ Yes ☐ NoHearing Impairment ☐ Yes ☐ No Speech Problems ☐ Yes ☐ No IEP ☐ Yes ☐ NoHas your child ever received any medical or education therapies (PT, OT, Speech, etc)? ☐ Yes ☐ No

If yes, provide details \_\_\_\_\_

**Authorization for Treatment:** Should the need for medical attention arise; (and in case of our unavailability), as a parent or legal guardian, I want the MJCCA and /or staff to arrange and authorize medical treatment as necessary for out child. The MJCCA will use the nearest available hospital.

Child's Medical Insurance Co \_\_\_\_\_ Group # \_\_\_\_\_ ID# \_\_\_\_\_

Physician Name \_\_\_\_\_ Physician Phone # \_\_\_\_\_

Dentist Name \_\_\_\_\_ Dentist Phone # \_\_\_\_\_

In the absence of a parent or guardian ☐ I hereby give authorization ☐ I do not give authorization to the named emergency contact person to have access to my child's health information.

**This information is complete to the best of my knowledge.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Relationship \_\_\_\_\_

Facility Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

## AUTHORIZED INDIVIDUALS FORM

All of the people listed below must be given your child's dismissal number, which will be sent to you prior to the start of the program. In the absence of the dismissal number, anyone picking up your child must have a valid driver's license or identification with them and their address must be listed below.

**Please list the individuals that are authorized to pick up your child below.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**The following Individuals are NOT Authorized to pick up child:**

Address \_\_\_\_\_ Phone # \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Every child in Club J/Club 678 is assigned a dismissal number. Please only share this number with people that are picking up your child, as we will release your child to only those who have this number. If they do not have this number, AND they are not on the above list, then your child will not be released into their care.

*I realize that my child will not be released to anyone who does not have my child's dismissal number OR is NOT specified on my list. If an alternate person will be picking up my child, I will give them my child's dismissal number. Should they not know the dismissal number, the alternate person will not be permitted to leave with the child, until a parent is contacted and the pick-up is confirmed. A form of picture ID will be required from the individual picking the child up.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**TRANSPORTATION AGREEMENT FORM**

This is to certify that I give The Marcus Jewish Community Center of Atlanta via Club J/Club 678 permission to transport my child, \_\_\_\_\_ from \_\_\_\_\_ (School) at \_\_\_\_\_pm and take my child to The Marcus Jewish Community Center of Atlanta at \_\_\_\_\_pm.

My child will be transported on the following days:

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

Club J Director or Club J Assistant Director is authorized to receive my child. In the event that one of the authorized individuals is not present the Camp Isidore Alterman Director will be the authorized person.

**In the event that my child is not to be transported on a particular day, due to absence or early pick-up from school, I agree to notify Club J/Club 678 via Club J/Club 678 Mail, [jodi.miller@atlantajcc.org](mailto:jodi.miller@atlantajcc.org) or telephone (678-812-3899) prior to 12:00 pm that day.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**ATTENDEE AGREEMENT FORM**

*Parents, please read with your child.*

I agree to follow the rules and behavior guidelines of the MJCCA and Club J/Club678. Program rules include, but are not limited to the following:

1. I will be respectful of my fellow participants and all program staff. This means that I will speak to others in a respectful manner and tone of voice, I will follow directions and I will not cause or threaten physical harm towards others. I understand that disrespectful behaviors include, but are not limited to, hitting, punching, kicking, biting, spitting, cursing, lying, stealing, inappropriate adult language/conversations and/or inappropriate physical contact and refusing to listen to the MJCCA and Club J/Club 678 staff.
2. I will be respectful of the Zaban Campus grounds, the Blank Family building and places we may visit and the belongings of others. This means that I will not litter, vandalize, steal or destroy items that do not belong to me.
3. I will not use or bring the following: matches and lighters; tobacco, alcohol and other drugs; firearms and other weapons (real or pretend). I understand that if I do so, I may be asked to leave Club J/Club 678 for the remainder of the school year.
4. I will not bring anything to Club J/Club 678 that has value; including, but not limited to, Electronic game devices and games, trading cards, jewelry, cameras, etc.
5. I agree to follow all Club J/Club 678 rules including those that are not listed on this behavior agreement.

**Children:** With a parent, I have read the Club J/Club 678 Behavior Agreement and I agree to follow the rules. I understand that not following these rules will result in consequences to my actions. In some cases, consequences may include not being allowed to attend Club J/Club 678 for a period of time or not being allowed to participate in certain activities.

**Parents:** By signing this document you are acknowledging that you have read and understand the rules listed above, that the consequences listed above may be imposed at any time, and that you will arrange for your child to be removed from Club J/Club 678 if the MJCCA staff requests for you to do so.

Child's Name (printed) \_\_\_\_\_

Child's "Signature" \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENTAL AUTHORIZATION TO DISPENSE FORM***590-1-1-.20(1) – Georgia Bright From The Start*

Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give Club J permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

- ☐ Bathroom Wipes
- ☐ Band-aids
- ☐ Neosporin or similar ointment
- ☐ Bactine or similar first aid spray
- ☐ Sunscreen
- ☐ Insect Repellent
- ☐ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

Other (please specify) \_\_\_\_\_

Child's Name (printed) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_