

THE SUNSHINE SCHOOL AT TEMPLE KOL EMETH / CAMP BILLI MARCUS

Please complete one per child. Registration forms are also available online at www.atlantajcc.org

Date	Child's First Name	Child's Last Name	Child's Nickname
Parent/Guardian 1 Name		Parent/Guardian 2 Name	
Please describe your child's birth. Was he/she premature or overdue? Were there any complications?			
Has your child experienced a serious illness or hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe.			
Has your child been in preschool before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dates		Where?	
Are there any special procedures we need to follow to care for your child, or does your child have any special needs?			
What is the primary language spoken at home?			
Why have you enrolled your child in our program?			
How do you think we can best contribute to your child's happiness and development?			

What factors did you consider to ultimately select our program? Please rank in importance 1-8 with 1 being most important.			
Location	Cost	Judaics	Facility
Staff	Reputation	Hours	MJCCA resources

How did you hear about our preschool? Please mark all that apply.			
<input type="checkbox"/> Website	<input type="checkbox"/> Postcard	<input type="checkbox"/> Printed Ad	<input type="checkbox"/> Email
<input type="checkbox"/> Current Preschool Family Name: _____			
<input type="checkbox"/> Other MJCCA Member Name: _____			

What special skills/talents do you or another family member have that you would be willing to share with your child's class or our school community?
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Thank you for taking time to complete this. We use this to help make your child's transition to school successful and to help improve our program.