



# 2011 - 2012 MJCCA Preschool & Camp

# CHILD MASTER PROFILE

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](http://www.atlantajcc.org)

MJCCA Membership #	<input type="checkbox"/> HD <input type="checkbox"/> FD	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Synagogue Affiliation
Child's Last Name	First	Middle	Nickname
Birthdate (mm/dd/yyyy)	Age (as of Sept. 1, 2011)	Child lives with <input type="checkbox"/> Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian	
Marital status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	For Divorced Parents or Legal Guardians:	Who is responsible for payment? Name Who has custody of this child? Name	
Parent/Guardian 1 Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Parent/Guardian 2 Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.
Home Address		Home Address	
City	State / Zip	City	State / Zip
Subdivision	County	Subdivision	County
Home Phone #	Fax #	Home Phone #	Fax #
Work Phone #	Cell #	Work Phone #	Cell #
Email address (please print)		Email address (please print)	
Occupation / Business Name	Business Address	Occupation / Business Name	Business Address
Grandparents' Names	Address	Grandparents' Names	Address
May be released to Grandparents <input type="checkbox"/> Y <input type="checkbox"/> N	Phone	May be released to Grandparents <input type="checkbox"/> Y <input type="checkbox"/> N	Phone
<b>EMERGENCY CONTACT. Individuals other than Parents whom we may contact and release child to if parent cannot be reached.</b>			
Name	Relationship	Home Phone _____ Work Phone _____ Cell Phone _____	Address
Name	Relationship	Home Phone _____ Work Phone _____ Cell Phone _____	Address
Allergies: Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, allergy form must be completed and picture of child attached. If yes, please list allergies:			
Additional Support: Does your child or has your child ever received any medical or educational therapies (PT, OT, Speech, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list therapies: _____ Date of last therapy session: _____			
I understand and give my permission to MJCCA that my child and/or his voice may appear in printed material, photographs or visual and/or audio recordings from the MJCCA.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my address, phone numbers and email to be released to other preschool families.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I hereby authorize MJCCA to include my child in supervised water activities (if applicable).			<input type="checkbox"/> Yes <input type="checkbox"/> No
I have read and fully understand the 2011-2012 MJCCA Preschool Policies that are available at <a href="http://www.atlantajcc.org">www.atlantajcc.org</a> .			<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorization For Treatment: Should the need for medical attention arise; (and in case of our unavailability), as parents or legal guardians, we want the MJCCA and/or staff to arrange and authorize medical treatment as necessary for our child, Child's Medical Insurance Co. _____ Group # _____ ID # _____ The MJCCA will use the nearest available hospital. Should specialist advice or treatment be required, our preferences are: Doctor _____ Address _____ Ph _____ Dentist _____ Address _____ Ph _____ In the absence of a parent or guardian, <input type="checkbox"/> I hereby give authorization <input type="checkbox"/> 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/Legal Guardian Signature _____  Date _____