

☐ THE WEINSTEIN SCHOOL / CAMP MARIE BENATOR

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

MJCCA Membership #		☐ HD ☐ FD		Gender ☐ F ☐ M		Synagogue Affiliation	
Child's Last Name		First		Middle		Nickname	
Birthdate (mm/dd/yyyy)		Age (as of Sept. 1, 2011)		Child lives with ☐ Parents ☐ Mother ☐ Father ☐ Grandparents ☐ Guardian			
Marital status ☐ Married ☐ Single ☐ Divorced ☐ Widowed			For Divorced Parents or Legal Guardians:		Who is responsible for payment? Name Who has custody of this child? Name		
Parent/Guardian 1 Name		☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr.		Parent/Guardian 2 Name		☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ 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 ☐ Y ☐ N		Phone		May be released to Grandparents ☐ Y ☐ N		Phone	
EMERGENCY CONTACT. Individuals other than Parents whom we may contact and release child to if parent cannot be reached.							
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? ☐ Yes ☐ 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.) ☐ Yes ☐ 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.						☐ Yes ☐ No	
I give permission for my address, phone numbers and email to be released to other preschool families.						☐ Yes ☐ No	
I hereby authorize MJCCA to include my child in supervised water activities (if applicable).						☐ Yes ☐ No	
I have read and fully understand the 2011-2012 MJCCA Preschool Policies that are available at www.atlantajcc.org .						☐ Yes ☐ 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, ☐ 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/Legal Guardian Signature _____ Date _____	