

### CHILD'S INFORMATION

Today's Date		Child's Date of Birth		<input type="checkbox"/> Male	Height
				<input type="checkbox"/> Female	Weight
Child's Last Name		First	Middle	Nickname	
Home Address				Ethnicity	
City		State	ZIP	County	
Ethnicity			Religion		
Does your child have any food allergies? (if yes, please list in detail) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does your child have any non-allergy dietary restrictions? (if yes, please list in detail) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does your child have any medicine allergies? (if yes, please list in detail) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does your child have any chronic medical conditions? (if yes, please list in detail) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does your child take any regular or PRN medicines? (if yes, please list in detail) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are any restrictions on normal physical activities indicated? (if yes, please list in detail) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has your child experienced a serious illness or hospitalization? (if yes, please list in detail) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does your child have a history of:			If checked then please explain:		
<input type="checkbox"/> Vision <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Eye infection <input type="checkbox"/> Ear infection <input type="checkbox"/> Tubes in the ear <input type="checkbox"/> Speech problems <input type="checkbox"/> Rashes					
<p>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 the MJCCA Schiff School at the MJCCA 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.</p>					
<input type="checkbox"/> Baby Wipes		<input type="checkbox"/> Neosporin or similar ointment			
<input type="checkbox"/> Band Aids		<input type="checkbox"/> Bactine or similar first aid spray			
<input type="checkbox"/> Sunscreen		<input type="checkbox"/> Non-Prescription ointment			
<input type="checkbox"/> Baby Powder		<input type="checkbox"/> Other _____			
Pediatrician			Phone		
Pediatrician Address			Medical Insurance Co.		

Group #	Group ID
Does your child or has your child ever received any medical or education therapies (PT, OT, Speech, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there anything about your child's behavior that concerns you? (if yes, please list in detail) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the Adaptive Learning Center (ALC) provide a special needs facilitator for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How can we best contribute to your child's happiness and development?	
Is there anything else you would like to share with us about your child?	

**PARENT/GAURDIAN INFORMATION**

Parent/Guardian 1: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other			
First Name: _____		Last Name: _____	
Home Address	City	State	Zip
Cell Phone	Work Phone	Home Phone	Email Address
Parent/Guardian 2: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other			
First Name: _____		Last Name: _____	
Home Address	City	State	Zip
Cell Phone	Work Phone	Home Phone	Email Address
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced (provide custody)			
Who does the child live with? <input type="checkbox"/> Both Parents Jointly <input type="checkbox"/> Both Parents Separately <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian			
I give permission for my address, phone number and email to be shared with other preschool families. <input type="checkbox"/> Yes <input type="checkbox"/> No			
I understand and give my permission to the MJCCA that my child and/or his voice may appear in marketing publications or public social media communications from the MJCCA. <input type="checkbox"/> Yes <input type="checkbox"/> No			
I understand and give my permission to the MJCCA that my child and/or his voice may appear in a private class Facebook group used by my child's teachers to share daily photos and videos with the families in my child's class. <input type="checkbox"/> Yes <input type="checkbox"/> No			

**EMERGENCY CONTACTS**

1) First & Last Name		
Address		
City	State	ZIP
Cell Phone	Other Phone	

2) First & Last Name		
Address		
City	State	ZIP
Cell Phone	Other Phone	

**AUTHORIZED PICKUP**

1) First & Last Name		
Address		
City	State	ZIP
Cell Phone	Other Phone	
2) First & Last Name		
Address		
City	State	ZIP
Cell Phone	Other Phone	

**REGISTRATION**

Start Date	Child's Age as of 9/1/2018: <input type="checkbox"/> Infant's (FD only) <input type="checkbox"/> 1's <input type="checkbox"/> 2's <input type="checkbox"/> 3's <input type="checkbox"/> 4's Pre-K		
Please select FD or HD program, number of days and days of the week below:			
Full-Day 7:00 am – 6:00 pm	<input type="checkbox"/> Infant, 1's & 2's Program	Number of Days: 2 3 4 5	Days of the week: M T W TH F
	<input type="checkbox"/> 3's Program	Number of Days: 3 4 5	Days of the week: M T W TH F
	<input type="checkbox"/> 4's Pre-K Program	5 days only	Monday – Friday only
Half Day 9:30 am – 1:30 pm	<input type="checkbox"/> 1's & 2's Program	Number of Days: 2 3 4 5	Days of the week: M T W TH F
	<input type="checkbox"/> 3's Program	Number of Days: 3 4 5	Days of the week: M T W TH F
	<input type="checkbox"/> 4's Pre-K Program	5 days only	Monday – Friday only
Will this be your family's first year at the MJCCA Schiff School? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did your child attend the MJCCA Schiff School in the prior school year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a member of: Temple Emanu-El <input type="checkbox"/> Yes <input type="checkbox"/> No MJCCA Member <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently an employee of the MJCCA? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently an employee of an MJCCA Preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The following items must be completed to secure your child's space:			
<ul style="list-style-type: none"> <li>✓ Deposit &amp; Tuition Payment Plan Form submitted</li> <li>✓ Signed and completed Registration Form</li> <li>✓ A medical form and current immunization form #3231 from your child's physician's office - including hepatitis B, that has been signed by the child's physician and a medical emergency information form must be in the school's files before the child can be admitted each year.</li> </ul>			

- I have read the Marcus Jewish Community Center of Atlanta release that can be found under the Terms and Conditions, I fully understand its terms, understand that I have given up substantial rights by my signing it, and have signed it freely and voluntarily without inducement, assurance or guarantee being made to me and intend my signature to be a complete, continuing and unconditional release of all liability to the greatest extent of the law.
- I have read, fully understand, and agree to the MJCCA Preschool Policies posted on the MJCCA Preschool webpage.
- I have read, fully understand, and agree to the Carpool & Parking Policy posted on the MJCCA Preschool webpage.
- I have read, fully understand, and agree to the Registration Policy posted on the MJCCA Preschool webpage.
- I have read, fully understand, and agree to the MJCCA Infant Safe Sleep Practices Policy posted on the MJCCA Preschool webpage. I acknowledge that the director or designee has advised me of the safe sleep practices followed by the facility.
- I have read, fully understand, and agree to the Authorization for Treatment that can be found under the Terms and Conditions.

Parent/Guardian 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

## Terms and Conditions

I/We (the "Undersigned") do hereby agree to the following as a program participant of the Marcus Jewish Community Center of Atlanta, Inc. (the "MJCCA") Preschools. In connection with the participation in MJCCA activities ("Activities") and/or use of MJCCA facilities ("Facilities"), the Undersigned (i) on his or her behalf, (ii) on behalf of his or her personal representatives, heirs, next of kin.

1. Hereby releases, waives, discharges and covenants not to sue the MJCCA and all of its directors, officers, board members, trustees, employees, volunteers, agents, contractors and sponsors, including any agent who assists in the performance of the Activities and/or use of MJCCA Facilities (hereinafter "Releasees"), for any and all loss, damage or expense to the Undersigned, and any claims or demands therefore on account of injury to the person or property, or resulting in the death of the Undersigned arising out of or related to (i) the Undersigned's participation in the MJCCA Activities and/or use of MJCCA Facilities; (ii) transportation of the Undersigned to or from MJCCA Activities and/or use of MJCCA Facilities, or (iii) any dental or medical assistance or treatment of the Undersigned, whether caused by the negligence of the Releasees or otherwise.
2. Hereby assumes full responsibility for any risk of bodily injury, including but not limited to permanent disability, death or property damage arising out of or related to the Undersigned's participation in the Activities, transportation of the Undersigned to or from Activities, and/or use of the MJCCA Facilities, and any dental or medical assistance or treatment of the Undersigned, whether caused by the negligence of the Releasees or otherwise.
3. Hereby acknowledges that participation in the activities and /or use of the MJCCA Facilities and premises, is voluntary and may be declined at any time, and that any and all of the Activities involve hazards and risks of injury, some of which are known, and some of which are unknown, but all of which are inherent and are understood to be part of the Activities to be undertaken. The Undersigned hereby freely and voluntarily acknowledges these risks and hereby releases, waives, discharges, and agrees not to sue, should a known or unknown hazard, which is inherent to any particular Activity, lead to injury or death.
4. Hereby agrees that this release extends to all acts of negligence by the Releasees, including rescue operations or procedures and is intended to be as broad and inclusive as is permitted by the laws of the State of Georgia and if any portion of this release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.
5. In accordance with Georgia law, the MJCCA hereby provides this Notice: WARNING! Under Georgia Law, an equine activity sponsor or equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12 of Title 4 of the Official Code of Georgia Annotated.
6. Hereby gives permission to the MJCCA and its directors, officers, employees, coaches and managers to provide routine health care and to administer any over-the-counter medications as deemed necessary by any of the foregoing.
7. Hereby authorizes the MJCCA to take, use, and publish photographs, video or audio recordings, or quotations from interviews of me/my family members which may be used for editorial, fundraising, and/or promotional and advertising purposes and in any manner and medium; and to alter and composite the same without restriction and without inspection or approval. I agree that there is to be no financial compensation for said use or publication, and hereby releases the MJCCA and persons functioning under its authority from all claims and liability relating to the same. I understand that to revoke this photo/video/testimonial release, I must do so in writing to the MJCCA Membership Department, [membership@atlantaicc.org](mailto:membership@atlantaicc.org).

## Refund Policy

Please be advised that the MJCCA operates on an MJCCA credit-only policy and does not issue any refunds unless otherwise advised and approved. Refunds are not available on tickets for plays, concerts, special events, or holiday programs. Refund policies for camps and preschools are stated in their registration materials.

## Weapons Policy

The MJCCA prohibits members and guests from bringing onto MJCCA property dangerous weapons or unauthorized materials such as explosives, firearms (either concealed or otherwise), knives, or other similar items that might be considered dangerous or that could cause harm. MJCCA property is defined as all MJCCA-owned or leased buildings and surrounding areas such as sidewalks, walkways, driveways and parking lots under the MJCCA's ownership or control. The MJCCA reserves the right at any time and at its discretion to conduct lawful searches for the purpose of determining whether any weapon has been brought onto its property or premises in violation of this policy.

## Automatic Membership Renewal Policy for Those Enrolled in MJCCA Programs

Programs offered at the MJCCA require a current center membership, unless otherwise stated. When registering for one of these programs, members acknowledge that a membership is required throughout the entire program. If your membership renewal date occurs prior to or during the time of the program, your membership will automatically renew at prevailing rates and dues will be charged to the credit card provided for registration on a monthly basis unless other payment arrangements have been made with the membership department. If a credit card is not provided, it is the member's responsibility to contact the membership department and make payment arrangements. By providing your contact information, the MJCCA reserves the right to send you (via email or direct mail) information regarding upcoming programs and events of interest to you. We do not share this information with entities outside the MJCCA, except with the Jewish Federation of Greater Atlanta.

## Authorization for Treatment

Should the need for medical attention arise; (and in case of our unavailability), as parent(s) or legal guardians, we want the MJCCA and/or staff to arrange and authorize medical treatment as necessary for our child. In the event of an emergency, I hereby give permission to the physician selected by the director or other MJCCA official to order x-rays, routine tests, and treatment for the health of my child. In the event that I (we) cannot be reached in an emergency situation, I hereby give permission for a physician selected by the preschool director or other MJCCA official to hospitalize, secure proper treatment for, and order injections and/or anesthesia and/or surgery for my child. I authorize any physician, nurse or other health care provider to communicate with the staff and director of MJCCA Preschools, or his/her designee, about my child's medical condition, treatment and/or prognosis. I further authorize the director to discuss any medical conditions with his/her designee, or the child's teacher when the director, in his / her sole discretion, believes such communication to be in the best interest of the child. I, the parent/legal guardian, assume all risks and hazards incidental to the conduct of activities and transportation to/from the activities. I understand that aspects of the MJCCA preschools & Camps may be physically and emotionally demanding. Both my child(ren) and I agree to follow any and all rules, guidelines, and safety instructions that may be provided by MJCCA staff. I recognize the inherent risk of injury or disability in activities. I understand that each participant must assume the risk of injury or disability that could result from any of these activities. I hereby release, indemnify, defend, save, and hold the MJCCA its officers, directors, trustees, employees, members, agents, and activity providers harmless, with respect to any and all claims or liability for any injury to my child(ren) from participation in any and all activities and all claims by or on behalf of myself, my child(ren), or third parties for loss or damage unless the alleged loss is solely the result of the MJCCA's gross negligence or misconduct.

## Bright from the Start: Georgia Department of Early Care and Learning

The Marcus Jewish Community Center of Atlanta participates on the U.S. Department of Agriculture's Child and Adult Care Food Program, which is administered at the state level by Bright from the Start: Georgia Department of Early Care and Learning. The family and child information provided in this registration will be submitted to Bright from the Start with a signature date of the latter of today's date or the May 31 preceding the school year of this registration so that the Marcus Jewish Community Center of Atlanta may receive credit for meals served to your child. Iron-fortified infant formula, iron-fortified infant cereal, or breast milk will be supplied by the parent/guardian on a daily basis. Written documentation is required for formula/cereal to be provided. If your household size/income is at or below the Georgia income eligibility (limits that can be found on the Bright From The Start Website) the participant's meals are eligible for either free or reduced price reimbursement. In order for

the center to receive reimbursement at the free or reduced price meal rate, income information provided in this registration or your financial assistance application may be included in income eligibility documentation sent to Bright From The Start. Participants with family members who become unemployed are eligible for the free or reduced-price meals during the period of unemployment, provided that the loss of income causes the family income, during the period of unemployment, to be within the eligibility standards for those meals. Our center participates on the Child and Adult Care Food Program under the sponsorship of our legal organization/corporation, The Marcus Jewish Community Center of Atlanta, approved by Bright from the Start to sponsor the day care centers owned/operated by the organization. As such staff from the corporate office may contact you to verify the information listed on the Income Eligibility Statement. This contact may occur in the form of a letter or via phone. In the operation of USDA's food service programs, no one will be discriminated against because of race, color, national origin, sex, age, or disability. If you believe that you have been discriminated against, write immediately to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382. WIC: A special food and nutrition education program for women, infants, and children. Who is eligible? A pregnant woman, a breastfeeding woman, a woman who has recently been pregnant, an infant or a child less than 5 years old. Services provided: Nutritious foods, nutrition counseling, breast feeding support, health care referral. To be eligible, you must also: Have a low or moderate income and have a special need that can be helped by WIC foods and nutrition counseling. Approved WIC Foods: Milk, cheese, eggs, cereals, peanut butter, fruit or vegetable juices, dry beans or peas, iron fortified formula. You do not have to be on public assistance to apply. Call your local health department for more information. Georgia WIC Georgia Department of Public Health, 2 Peachtree Street NW, 10th Floor, Atlanta, GA 30303, 800-228-9173 website:dph.georgia.gov/WIC. Visit the Bright from the Start website for up-to-date income eligibility guidelines. The MJCCA Schiff School half day program operates from 9:30am-1:30pm, and the full day program operates from 7:00am - 6:00pm. The school will provide a morning snack to all children. Lunch and an afternoon snack will be provided to full day children.