



**MCP School Registration**  
**Morah Carol's Place at Congregation Or VeShalom**

1681 North Druid Hills Rd NE  
Atlanta, GA 30319

**Welcome to Morah Carol's Place at Congregation Or VeShalom:**

Please fill out one registration form per child.

Child's Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Sex: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Child's Living Arrangements (check one): Both Parents\_\_\_\_ Mother\_\_\_\_ Father\_\_\_\_ Other\_\_\_\_

Child's Legal Guardian/s (check one): Both Parents\_\_\_\_ Mother\_\_\_\_ Father\_\_\_\_ Other\_\_\_\_

Does your child keep Cholov Yisroel: Yes\_\_\_\_ No\_\_\_\_

Synagogue Affiliation: \_\_\_\_\_

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## ADDITIONAL CHILD INFORMATION:

My child has received evaluation or therapy from the following services:

\_\_\_ Developmental Pediatrician \_\_\_ OT \_\_\_ PT \_\_\_ Speech \_\_\_ Psychologist \_\_\_ Hearing \_\_\_ Vision

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Please tell us about your child. Include his/her personality, temperament, eating habits, etc:

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Siblings names and ages:

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Pet's name(s) and animal types:

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## PICK UP INFORMATION

Please list any family members, nannies, babysitters or friends that may be picking your child up from school.

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

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## EMERGENCY & MEDICAL CONTACT INFORMATION

In the event of illness, injury or an emergency where the parents cannot be reached, the following people can be contacted:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Physician/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Information (in case of emergency) :

\_\_\_\_\_

## MEDICAL INFORMATION

Is there any medical/family/physical/special need information you think we should know about your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL EMERGENCY TREATMENT AUTHORIZATION

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, in the event of an emergency requiring medical attention for my child, and if I cannot be reached, or when delay would be dangerous to my child's health, I hereby authorize Morah Carol's Place to transport my child to the nearest medical facility and/or hospital. I hereby authorize Morah Carol's Place to secure for my child the necessary medical treatment. I shall assume responsibility for payment for services. \_\_\_\_\_ Please initial here.

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### ON-GOING MEDICATIONS

My child is currently taking on-going medication(s) and has the following pre-existing illness, allergies, or health concerns:

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### ALLERGIES

Yes \_\_\_ No \_\_\_ (If yes, please check all that apply)

\_\_\_ Tree nuts (walnuts, almonds, pecans, etc.) \_\_\_ Fish/shellfish \_\_\_ Eggs \_\_\_ Peanut or nut butter  
\_\_\_ Soy products \_\_\_ Milk \_\_\_ Plants

\_\_\_ Animals \_\_\_ Insects \_\_\_ Medicine \_\_\_ Asthma \_\_\_ Hay fever

Other \_\_\_\_\_

Please describe the allergic reaction and the treatment for each allergy checked:

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PARENTAL AUTHORIZATION TO DISPENSE EXTERNAL PREPARATIONS 590-1-1-.20(1) 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. \_\_\_\_\_ Please initial here.

NON-EMERGENCY MEDICATION I give Morah Carol's Place 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:

\_\_\_ Baby 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) \_\_\_\_\_ Please initial here.

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## PARENT AGREEMENT WITH MORAH CAROL'S PLACE

I give my permission for taking my child's photograph/video that might be used on Morah Carol's Place website page and/or publicity materials. YES: \_\_\_\_\_ NO: \_\_\_\_\_ \_\_\_\_\_ Please initial here.

I give permission for my address, phone number and email to be released to other Morah Carol's Place families. YES: \_\_\_\_\_ NO: \_\_\_\_\_ \_\_\_\_\_ Please initial here.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, carpool retrievers and immunization records, etc. \_\_\_\_\_ Please initial here.

I understand that Morah Carol and MCP has the right at any time to send your child/ren home and/or to refuse readmission of your child/ren even if they have been fever free for 24 hours, and even if you have a doctor's note stating your child/ren are not contagious.

Family name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_

I understand that Morah Carol and MCP have the right at any time, for any reason to terminate childcare service to any family: Morah Carol and MCP has the right at any time to determine that MCP is not a good fit for your children or your family and can immediately terminate childcare services. Once a determination has been made, you will receive a written notice of termination of childcare services from the MCP office.

Family name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_

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

**Morah Carol's Place at Congregation Or Veshalom**

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**Fee Schedule for the School Year:**

Each application must be accompanied by a \$150 application fee. Application fees are non-refundable and non-transferable.

**Childcare is available between the hours of 7:30am-6pm M-TH, and Fridays until 4pm.**

**Hours:** 9am-1:00pm (Monday through Friday)

3 days a week \$5,000 per year \_\_\_\_\_

5 days a week \$6,250 per year \_\_\_\_\_

**Hours:** 9am-3:00pm (Monday through Friday)

3 days a week \$6,250 per year \_\_\_\_\_

5 days a week \$9,500 per year \_\_\_\_\_

**Hours:** 9am-6:00pm (Monday through Thursday, Friday 4pm)

\$14,000 per year \_\_\_\_\_

**Hours:** 7:30am-3:00pm (Monday through Friday)

3 days a week \$7,500 per year \_\_\_\_\_

5 days a week \$10,000 per year \_\_\_\_\_

**Hours:** 7:30am-6:00pm (Monday through Thursday, Friday 4pm)

\$16,000 per year \_\_\_\_\_

Please speak to Morah Carol directly to arrange a payment plan that works for you.