



Morah Carol's Summer Camp 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: _____

Mother's Work Address: _____

Mother's Email Address: _____

Father's Name: _____ Father's Cell Phone: _____

Father's Occupation: _____ Father's Work Phone: _____

Father's 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

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

Siblings names and ages:

Pet's name(s) and animal types: _____

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:

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:

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: _____

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Fee Schedule for 2023 Summer Camp - June 5, 2023-July 28, 2023:

There is a registration fee of \$25 per week registered (\$200 registration fee for the full 8 weeks). Application fees are non-refundable and non-transferable.

Summer childcare is available between the hours of 7:30am-6pm M-TH and Fridays till 4pm:

- **9am-1:00pm** (Monday through Friday) - \$275 per week
- **9am-3:00pm** (Monday through Friday) - \$325 per week
- **9am-6:00pm** (Monday through Thursday, Friday 4pm) - \$375 per week
- **7:30am-3:00pm** (Monday through Friday) - \$350 per week
- **7:30am-6:00pm** (Monday through Thursday, Friday 4pm) - \$400 per week

Registration fee of **\$25 per each registered week** is due when submitting registration/s. Individual payment plans are always available when needed. Please speak to Morah Carol directly to arrange a payment plan that works for you.

I wish to enroll my child in the following weeks of camp:

Theme	Date	9-1	9-3	9-6	7:30-3	7:30-6
Week 1: Fun In The Sun	June 5 - 9					
Week 2: Classic Literature	June 12 - 16					
Week 3: Science & Nature	June 19 - 23					
Week 4: Jr. Culinary Week	June 26 - 30					
Week 5: Rocking In The USA*	July 3 - 7					
Week 6: Ocean Exploration	July 10 - 14					
Week 7: Animal Adventure	July 17 - 21					
Week 8: Under the Big Top Circus	July 24 - 28					

***Please note: Monday, July 3, and Tuesday, July 4 - No Camp
Prorated Pricing***

Child's Name _____ DOB _____

Parent's Name _____ Cell Phone # _____ Email _____

Parent's Name _____ Cell Phone # _____ Email _____

The following people have my permission to pick my child up from camp:

Name _____ Relationship _____ Cell Phone _____

Name _____ Relationship _____ Cell Phone _____

Morah Carol's Summer Camp Information

All enrollments are subject to space availability. Registered MCP parents receive first-priority summer registration.

Bring daily:

- ☐ A backpack (containing the following items:)
- ☐ A dairy or pareve lunch (we provide kosher snacks in the morning and the afternoon)
- ☐ Prepared bottle(s) or sippy cup (if used), labeled with your child's name on it
- ☐ A swimsuit
- ☐ A clean towel
- ☐ Shoes*

*Children ages 3 and up must wear closed-toe shoes each day. Crocs are acceptable for water play, but not for daily wear.

Leave at camp:

- ☐ A change of clothes (complete outfit, including underwear), in a Ziploc bag
- ☐ Bug spray
- ☐ Sunscreen
- ☐ Diaper and wipes, or underwear (depending on your child's needs)
- ☐ Swim diapers, if used

Sunscreen:

We enjoy playing outside each day, as the weather permits. Please apply sunscreen to your child before coming to camp each morning. We will reapply sunscreen before children go out to play in the afternoon (make sure the sunscreen you leave at school is labeled with your child's name).

Health:

Our normal school health and wellness policies apply to summer camp. No child will be permitted in camp within 24 hours of fever, diarrhea, vomiting, or other signs of contagious illness. Please help us keep Morah Carol's Place healthy by keeping your child home if you suspect or see signs of illness.








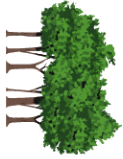










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2023 JUNE
















SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1	2	3
4	5 	6	7 	8 	9	10 
11	12 	13	14 	15	16 	17
18	19 	20	21 	22 	23	24 
25 Happy Father's Day 	Science and Nature	Science and Nature	Science and Nature	Science and Nature	Science and Nature	
26 	Jr. Culinary Week	27 	28 	29 	30 	

Morah Carol's Place Summer Camp



2023 JULY



SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3 	4  4th of July No Camp	5 	6	7 	8
9 	10 No Camp	11 	12 Rocking in the USA	13 	14 	15
16 	17 Ocean Exploration	18 	19 Ocean Exploration	20 	21 Ocean Exploration	22
23 	24 Animal Week	25 	26 Animal Week	27 Animal Week	28 Animal Week Last Day of Camp	29 
30	31 Under the Big Top	Under the Big Top	Under the Big Top	Under the Big Top	Under the Big Top	