

# **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:			
		Work:	
Name:		Relationship to Child:	
Address:			
		Work:	
Physician/Clinic:		Phone:	
Insurance Information (in c	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.

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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:	D	ate:

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

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

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#### Fee Schedule for 2025 Summer Camp - June 4, 2025-August 1, 2025:

There is a registration fee of \$25 per week registered (\$225 registration fee for the full 9 weeks). Application fees are non-refundable and non-transferable.

#### Summer childcare is available between the hours of 8:00am-6pm M-TH and Fridays till 4pm:

- **9am-1:00pm** (Monday through Friday) \$325 per week
- **9am-3:00pm** (Monday through Friday) \$375 per week
- 9am-6:00pm (Monday through Thursday, Friday 4pm) \$450 per week
- 8:00am-3:00pm (Monday through Friday) \$425 per week
- 8:00am-6:00pm (Monday through Thursday, Friday 4pm) \$500 per week
- If you don't see the hours you are looking for, just make a note and we will prorate accordingly.

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	8-3	9-6	8-6
Week 1: Shavuot and 10 Commandments 6/2 - No Camp - Shavuot 6/3 - No Camp - Shavuot	June 4 - 6					
Week 2: Fun in the Sun	June 9 - 13					
Week 3: Ocean Exploration	June 16 - 20					
Week 4: Science & Nature	June 23 - 27					
Week 5: Rocking In The USA 7/3 -7/4 - No Camp - 4th of July	June 30 - July 4					
Week 6: Animal Adventure	July 7 - 11					
Week 7: Classic Literature	July 14 - 18					
Week 8: Jr. Culinary Week	July 21 - 25					
Week 9: Under the Big Top Circus	July 28 - Aug 1					

Child's Name	DOB		
Parent's Name	Cell Phone #	Email	
Parent's Name	Cell Phone #	Email	
т	he 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.

**Please note:** 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.

2025	JUNE		Morah Carol's		Place Summer Camp	amp
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
-	2 Shavuot NO CAMP	3 Shavuot	געליין אר גער אין אר אין	<b>5</b> 10 commandments	6 נין הריש מערים אין	7
8	9	10	11	12 🤝	13	14
	Fun In The Sun	Fun In The Sun	Fun In The Sun	Fun In The Sun	Fun In The Sun	6
15 HAPPY FATHER'S	16	17 21	18	19 🔷	20 🔶	21
DAY	Ocean Exploration	Ocean Exploration	Ocean Exploration	Ocean Exploration	Ocean Exploration	
22	23	24	25	26	27	28
29	30					
	Rocking in the USA					

2025	JULY	Mo	Morah Carol's		Place Summer Camp	amp
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2	3	4	5
	Rocking in the USA	Rocking in the USA	Rocking in the USA	No Camp	4th of July No Camp	
<del>،</del> بر 9	7	**** ***	6	10 ᇌ	11	12
	Animal Week					
13	14 📚	15	16 📡	17	18	61
	Classic Literature					
20	21 2022	22	23 📣	24	25	26
	Jr. Culinary Week					
27	28	29 💥	30	31	Last Day of Camp	
λ,	Under the Big Top					