Nathan and Shirley Rothner
2012 ATT Summer Program

Directions: Complete one form per camper and return with deposit to ATT * 2828 W. Pratt * Chicago, IL 60645

Family Information

Office Use: Date Received _____ ☐ Eligible for Early Registration Discount

Father: _____
Title Last Name First name

Address _____ City, State, Zip _____

Email Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mother: _____
Title Last Name First name

Address *(if different than Father's)* _____ City, State, Zip _____

Email Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact *(if parents are unavailable)*: _____ Relationship _____

Emergency Contact's Phone: _____

Parent employed full-time by ATT: ☐ Yes ☐ No If yes, school name: _____

Payment method: ☐ Post-dated check ☐ Credit Card (Visa or MasterCard only)

Camper Information

Camper: _____
Last Name First name

Address (*if different than Father's)* _____ City, State, Zip _____

Date of Birth _____ Gender: ☐ Female ☐ Male School _____

Grade as of September 2012 ____ Physician _____ Phone #: _____

Insurance Company _____ Policy # _____ Group # _____

Does your child have any special medical conditions (i.e. asthma, allergies, medications, etc.)? If so, please explain and attach a Medical Action Plan (MAP) if necessary. _____

_____

☐ I hereby authorize the Associated Talmud Torahs (ATT) to provide emergency care should it be necessary.

☐ I hereby permit my child to go on excursions off the premises with authorized ATT staff members.

My child has permission to (check one): ☐ walk home ☐ bike home ☐ carpool home

Parent/Guardian's Signature _____ Date _____

ATT Summer Program
Phone: 773-973-2828
Fax: 773-973-6666
spregistration@att.org

Over →