



# Nathan and Shirley Rothner 2018 ATT Summer Program



Directions: Complete one form per camper and return with deposit to ATT \* 3531 Madison St. \* Skokie, IL 60076

**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 checks     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 2018 \_\_\_\_\_ 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. \_\_\_\_\_  
\_\_\_\_\_

Is your child accompanied at school by an aide or are there any accommodations made for him/her? \_\_\_\_\_  
 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 \_\_\_\_\_