

# ELC SUMMER FUN REGISTRATION FORM

TURN THIS FORM IN

Please complete one form for each child.  
Extra forms are available at the JCC or can be printed  
from our website [www.jccloouisvillecamp.org](http://www.jccloouisvillecamp.org)

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Parents are: Married / Divorced / Separated / Widowed / Single

Custody arrangements: \_\_\_\_\_

With whom does the child live? \_\_\_\_\_

Decree on file? Yes or No or N/A (circle)

Is the child adopted? Yes or No

Age at adoption \_\_\_\_\_ Does child know he/she adopted? \_\_\_\_\_

Other children in family:

|            |           |              |
|------------|-----------|--------------|
| Name _____ | Age _____ | School _____ |
| Name _____ | Age _____ | School _____ |
| Name _____ | Age _____ | School _____ |
| Name _____ | Age _____ | School _____ |

Religious Affiliation \_\_\_\_\_ Synagogue or Church \_\_\_\_\_

## **Child Care Information**

Is your child currently in preschool? \_\_\_\_\_

If so, where? \_\_\_\_\_

If not would you be interested in year round preschool? Yes or No

## **Emergency Contacts**

**Primary Emergency Contact** (other than parents/guardian):

Name \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

*(Please circle the best contact number for this person during the school day.)*

**Secondary Emergency Contact** (other than parents/guardian): \_\_\_\_\_

Name \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

*(Please circle the best contact number for this person during the school day.)*

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

*(Please provide a copy of the front and back of your insurance card)*

How did you hear about us? ☐ JCC Member ☐ Magazine ad ☐ Other \_\_\_\_\_

Child's T-shirt Size: ☐ 2T ☐ 3T ☐ 4T ☐ Child XS (4-6) ☐ Child S (6-8) ☐ Child M (10-12) ☐ Child L (14-16)

## CHILDHOOD HISTORY

### Social Activities

How does your child play with siblings and other children? \_\_\_\_\_

What are your child's favorite toys and activities? \_\_\_\_\_

### Nutrition

What time does your child eat?

Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

Does your child feed himself/ herself? \_\_\_\_\_ Yes \_\_\_\_\_ No

What is his/ her attitude toward eating? \_\_\_\_\_

Favorite Foods \_\_\_\_\_ Foods Disliked \_\_\_\_\_

Food Allergies \_\_\_\_\_

### Sleep Habits

At night, sleeps from \_\_\_\_\_ to \_\_\_\_\_ for a total of \_\_\_\_\_ hours a night

During the day, naps from \_\_\_\_\_ to \_\_\_\_\_ for a total of \_\_\_\_\_ hours

What is his/ her attitude toward going to bed or taking a nap? \_\_\_\_\_

*It is a licensing requirement for all children to rest while at preschool*

### Toilet Habits

Has toilet training been initiated (toddlers)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when did that process begin? \_\_\_\_\_ Is there anything you'd like the teachers to know about how you are working on toilet training at home? \_\_\_\_\_

Does child take himself/herself? Yes \_\_\_\_\_ No \_\_\_\_\_

Does child say when he/ she needs to go? Yes \_\_\_\_\_ No \_\_\_\_\_

### Speech and Physical Growth

Does the child talk often? Yes \_\_\_\_\_ No \_\_\_\_\_ Understandably? Yes \_\_\_\_\_ No \_\_\_\_\_

### Developmental Milestones:

What age did your child sit? \_\_\_\_\_ Crawl? \_\_\_\_\_ Walk? \_\_\_\_\_

### Describe the child's temperament (check all that apply):

\_\_\_\_ Active \_\_\_\_ Fearful \_\_\_\_ Feisty \_\_\_\_ Friendly \_\_\_\_ Quiet \_\_\_\_ Other

### How does your child feel about swimming (check all that apply):

\_\_\_\_ No Fear \_\_\_\_ Fearful \_\_\_\_ Enjoys \_\_\_\_ Needs encouragement \_\_\_\_ Don't know

Is there anything else we should know about your child?

## HEALTH HISTORY

Does child have any known health problems? Yes ( ) No ( ) (If yes attach documentation)

Check (✓) any of the following illnesses the child has or has had:

|            |                    |             |                |                 |
|------------|--------------------|-------------|----------------|-----------------|
| Asthma     | Earaches           | Mumps       | Whooping Cough | Bronchitis      |
| Eczema     | Pneumonia          | Polio       | Chicken Pox    | Frequent Colds  |
| Croup      | Convulsions        | Measles     | Influenza      | Rheumatic Fever |
| Diphtheria | Seizures (Febrile) | Tonsillitis | Other: _____   |                 |

Does your child have any known allergies? Yes ( ) No ( ) If yes, what are they and what are your child's reactions: \_\_\_\_\_

Does your child take any medication on a regular basis? Yes ( ) No ( ) If yes please list the name of the medication(s) and the medical condition for which it is taken: \_\_\_\_\_

Please comment on any other medical information/or special need the child care provider should be aware of including but not limited to behavior plans, 504, Speech, OT, PT, etc: \_\_\_\_\_

## RELEASES

### Consent to Emergency First Aid & Transportation

I hereby give my permission that my child may be given emergency treatment by the Louisville Jewish Community Center Early Learning Center (JCC ELC). I also give permission for my child to be transported by car or ambulance to an emergency center for treatment.

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

### Consent to Medical Care and Treatment

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician.

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

***JCC and/or ELC will not be responsible for paying for the child's health care.***

### Consent for Photographs and Video

I authorize the ELC and the JCC to have, use, publish and reproduce photographs and video of the child named above for its records, its public relations, and in connection with the advertising and marketing of the ELC and the JCC.

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

### Consent for Facebook

I authorize the ELC and the JCC to have, use, publish and reproduce photographs and video of the child named above on the JCC Louisville Summer Camp Facebook Group.

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

### Consent for Swimming

I give permission for my child (age 2 through Pre-K) to participate in the JCC Aquatics program supervised by JCC Aquatics staff. My child will be encouraged to participate but never forced to swim. I further give permission for my child to participate in water play at the Seng Jewelers Wading Pool (ages 1 through Pre-K)

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

## CONSENT FOR TOPICAL TREATMENTS

The JCC ELC staff has permission to administer the following topical treatments, if necessary, to my child.

Please designate specific brands if necessary or write "any" in space provided.

Please apply:

Sunscreen\* \_\_\_\_\_ Brand \_\_\_\_\_

Diaper cream\* \_\_\_\_\_ Brand \_\_\_\_\_

First Aid Ointment \_\_\_\_\_ Brand \_\_\_\_\_

\* PROVIDED BY PARENTS

My child is allergic to the following topical medications: \_\_\_\_\_

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

## Dietary Permission

I understand that as my child attends a kosher facility, the center may be unable to supplement my child's meals in the event it is missing a component of the federal nutritional guidelines. This directly relates to the kashrut law regarding the serving of meat and dairy during the same meal.

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

**Please note your child's lunch should include: 1 protein, 2 fruits/veggies/or one of each, 1 grain, 1 dairy to be in compliance with state and federal nutritional requirements**

## Consent for Classroom Animals

I give my child permission to be in the presence of animals both in my child's classroom and in the JCC. These animals could include: fish, hamsters, gerbils, guinea pigs, hermit crabs, turtles, birds, non-poisonous amphibians, bearded dragons, rabbits, chinchillas as well as caterpillars and butterflies.

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

## Consent for Toddler Transition (applicable to our infant/toddler families)

I give permission for my toddler child (between ages of 18 and 24 months) to be in a transitional classroom with children classroom with children 24-27 months old throughout the summer.

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

**We need a copy of your insurance card and a current immunization certificate.**

**Return these forms along with deposit to:**

**Jewish Community Center • Fax: (502) 238-2759**

**Camp Office • 3600 Dutchmans Lane • Louisville, KY 40205**