



Nathan and Shirley Rothner 2020 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 2020 _____ 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 _____