JUDAIC MOSAIC

5777 / 2017

Registration Form

Name: _____ Session: ATL א | ATL ב | BWI א | BWI ב

D.o.Birth: _____ Grade in Fall 2017 _____ School Name: _____

Student participates in: Band Orchestra Choir AP Theory Marching None Other _____

Child has attended JM before: Yes No T-shirt size: Adult S Adult M Adult L Adult XL

☐ My child has special needs which I would like to discuss prior to his/her arrival at camp.

Parent/Guardian 1
Name as it appears on photo ID:

_____

Address:_____

_____

Home Phone:_____

Work Phone:_____

Cell Phone:_____

Relationship to Camper:_____

Parent/Guardian 2
Name as it appears on photo ID:

_____

Address (if different):_____

_____

Home Phone (if different):_____

Work Phone:_____

Cell Phone:_____

Relationship to Camper:_____

E-mail address where we can send camp information: _____

Emergency Contact: ***MUST BE AN ALTERNATE*** *to parents/guardians listed above.*

Name as it appears on photo ID: _____

Photo: _____ Alternate Phone:_____

My child may be dropped off or picked up by the following drivers **in addition to those listed above:**

Name as it appears on photo ID:

_____

Phone:_____

Name as it appears on photo ID:

_____

Phone:_____

How did you hear about Judaic Mosaic?

Previously Attended	Facebook	Instagram	Newspaper
Word of Mouth	Camppages.com	JCC	AtlantaJMF.org
My Child's School	Camp Fair	Jewish Times	Other_____

JUDAIC MOSAIC

Emergency Contact Information

PLEASE FILL OUT ALL OF THE INFORMATION IN FULL. _____ PRINT ONLY, PLEASE!

Student's Legal Name: _____

Student goes by another name: _____

Street Address: _____

City: _____ State: GA Zip Code: _____

Birthday: _____/_____/_____

Parent's Name:

_____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Additional Emergency Contact Numbers

Name _____ Relationship to Child _____

Phone Numbers _____

Name _____ Relationship to Child _____

Phone Numbers _____

Name _____ Relationship to Child _____

Phone Numbers _____

Insurance Information

PLEASE MAKE A COPY OF THE INSURANCE CARD, MEDICAID CARD, OR PEACH CARE CARD – FRONT AND BACK. Include the copy with this packet.

Insurance Company _____ Policy Number _____

Pediatrician's Name: _____

Address: _____

Phone: _____

JUDAIC MOSAIC

Emergency Contact Information

General Health

Allergies: _____

Circle answer: Any Medications? Yes or No Asthma Yes or No Diabetes Yes or No Epilepsy Yes or No Fainting spells Yes or No

Heart Problems Yes or No

Other problems: _____

JUDAIC MOSAIC

ADMINISTRATION OF MEDICATION / MEDICAL PROCEDURES

Student's Name _____

Date of Birth_____ Telephone#_____ Emergency#_____

Address _____

Medication / Medical Procedure _____Diagnosis_____

Starting Date of Medication / Medical Procedure _____

Physician's requirements of dosage / method of administration (Indicate if student is responsible for self-administration and should carry medication / medical equipment)_____

_____

Student is capable and recommended to possess, and self-administer this medication / medical procedure:

NO _____ YES-Supervised _____ YES-Unsupervised _____

Time medication / medical procedure is to be provided daily _____

Precautions, possible side effects, interventions _____

_____

Termination date for administering the medication / medical procedure _____

Physician's Name _____

Physician's Address _____

Telephone No._____

Physician's Signature _____ Date: _____

- *Parent(s) / guardian(s) by signature below acknowledges that Judaic Mosaic is providing for the administration of medication / medical procedure as a courtesy to the parent(s) / guardian(s) and agrees to hold the camp and camp staff harmless in its so doing.*
- *Additionally, authorization is granted to obtain pertinent medical and/or copies of records pertaining to my child's medication and for this information to be shared with pertinent staff as needed.*
- *I understand that effective April 14, 2003, under the Health Insurance Portability and Accountability Act ("HIPPA"), disclosure of certain medical information is limited. However, I herein authorize disclosure of pertinent medical information for the provision of services for my child while in attendance in the Judaic Mosaic camp program. This authorization expires as of the last day of this year's camp session.*

Parent(s) / Guardian(s) Signature _____ Date_____

Reviewed by: _____ Date_____
Executive Director

*NOTE: This includes over-the-counter medicines!!!

Descriptor Term:	Descriptor Code:	Date Issued:
AUTHORIZATION FOR ADMINISTRATION OF PRESCRIBED MEDICATION(S) / MEDICAL PROCEDURES TO STUDENTS DURING SCHOOL ACTIVITIES	JGCD-R	12-8-03
	Rescinds: JGCD-R	12-1-93

1. A completed form "Administration of Medication / Medical Procedures" shall be on file for each student requiring medication(s) / medical procedures and will include:

   a. Name of student, address, phone number, and an emergency number.
   b. Name of medication / medical procedure.
   c. Purpose of medication / medical procedure.
   d. Starting date for administering the medication / medical procedure.
   e. Medication will only be administered from the original prescription container, properly labeled by a registered pharmacist and with the appropriate written physician's orders.
   f. Physician's requirements specifying dosage, frequency, and method of administration, including self-possession / self-administration, and/or specific equipment needed.
   g. Physician's description of anticipated reactions of student to the medication / medical procedure.
   h. Physician's recommendation for self-administration and possession of medication / medical equipment by student during school..
   i. What to do in case of side effects and emergency incidents.
   j. Termination date for administering medication / medical procedure.
   k. Signature of parent / guardian approving the administration of the medication / medical procedure.

2. No other medication / medical procedure will be administered to students by school personnel under any circumstances without appropriate written physician orders and parent / guardian written authorization.

3. The school principal, his/her designee, or the school nurse will:

   a. Inform the classroom teacher of the medication / medical procedure.
   b. Keep a record of the administration thereof.
   c. Keep the medication in a securely locked cabinet, excluding prescribed medication possessed and self-administered by student.
   d. Return unused medication to the parent only.
   e. Call an ambulance (911) in an emergency situation.

4. Services will be coordinated through the school Student Support Team process to facilitate implementation of the required individualized Section 504 accommodations, if applicable.

5. The parent(s) / guardian(s) of the student must assume full responsibility for providing prescribed medication / medical procedure equipment and for informing the school principal or school nurse of any change in the student's health or change in medication / medical procedure.

6. The "Administration of Medication / Medical Procedure" form must be completed and filed each school year and whenever the prescription is changed by the physician. A copy of this form shall be filed in the student's personal folder, the school nurse's office, and forwarded to the child's parent / guardian.

7. Parent(s) / guardian(s) by signature on the completed "Administration of Medication / Medical Procedure" form acknowledges that the school is providing for the administration of medication / medical procedure as a courtesy to the parent(s) / guardian(s) and agrees to hold the school and school system harmless in its so doing.

8. A copy of the policy and these administrative regulations shall be posted in all school clinics, made available to the school nurse, local health department, or other medical providers who take part in delivering health services to students in the system, and provided for parents upon their request for administration of medication / medical procedures in the schools.

9. The system retains the right to reject requests for administration of medication / medical procedures.

JUDAIC MOSAIC
Media Release Form

I hereby agree to allow my child, _____,

to be photographed, videotaped and/or recorded and for his/her name, image, likeness, voice, and musical performance to be used in videos, internet, photographs, publications, news, social media, and web pages for publicity.

I am aware that my child may be asked a variety of questions concerning Judaic Mosaic and related activities and programs, and that the contents of the interview may be published or aired publicly. I understand that my child will be under the supervision of a Judaic Mosaic staff member during the interview or photo session. There may not be staff supervision, however, if the photographs or video or audio recordings are part of a general background scene in which my child is not identified.

My child reserves the right to refuse to answer any questions or participate in any discussions that make him/her feel uncomfortable or embarrassed. Additionally, my child and/or the supervising Judaic Mosaic agent reserves the right to terminate the interview, photo, or video session at any time for any reason.

I understand that neither Judaic Mosaic nor the news media has any obligation to air or publish the image, photos, videotape, audio recording and/or musical performance of my child. I also understand that neither I nor my child will receive any monetary compensation for the rights granted herein. I understand that my child's appearance or the use of his/her voice and/or musical performance in any publication, photo, internet, or televised form does not confer any ownership rights on me or my child.

If by reason of my child's statements and actions in the interview, photos, images, videotape and/or audio recording, or the materials furnished to my child by anyone other than Judaic Mosaic for the same, there is any claim or litigation involving any charge by third parties of violation or infringement of their right, I agree to indemnify and hold harmless Judaic Mosaic, its staff, its Board members and licensees, and assignees from liability, loss or expenses arising from such claim or litigation.

Signature of Parent/Guardian _____ Date _____

Parent/Guardian Email Address _____

CREDIT CARD AUTHORIZATION FORM

Please be aware that as a Judaic Mosaic credit card customer, all of your orders will be charged to the card indicated below.

Judaic Mosaic Rep: Nick Edelstein

Student's Name:

Type of Card (circle one): Visa MasterCard

Card Number:

Expiration Date:

CVV2:
(3 digit code on the back of VISA/MC)

Card Holder's Full Name:
(as it appears on card)

Billing Address:

Authorized Signature:

Date:

Judaic Mosaic reserves the right to charge the above credit card if tuition is not paid in full before the first day of camp.