

**Chabad Kiddie Camp of Teaneck**  
**ENROLLMENT APPLICATION SUMMER 2012**  
 Summer Session: June 26 - August 16, 2012

Family Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City/ State: \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address Father's \_\_\_\_\_ Mother's \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Parent's Status     Married     Widowed     Divorced     Separated

How did you hear about Gan Israel / Who referred you? \_\_\_\_\_

Synagogue / Hebrew School Affiliation \_\_\_\_\_

**CHILDREN**

FIRST NAME & HEBREW NAME	D.O.B.	AGE	GRADE ENTERING Sept '12	SCHOOL	T-shirt Size: Child: S, M, L, XL,	Lunch Program (an additional \$250 for the entire summer, we provide a full lunch)
						<input type="checkbox"/> yes <input type="checkbox"/> no
						<input type="checkbox"/> yes <input type="checkbox"/> no
						<input type="checkbox"/> yes <input type="checkbox"/> no
						<input type="checkbox"/> yes <input type="checkbox"/> no
						<input type="checkbox"/> yes <input type="checkbox"/> no

If child is 4 or over: \_\_\_\_ Yes I want my child to participate in swimming or \_\_\_\_ No, my child should not be taken to swimming and will do the onsite water and parallel activities.

Comments Regarding attendance in Camp:

\_\_\_\_\_  
 \_\_\_\_\_

Bunkmate Request (We will try our best to accommodate - maximum two names): 1) \_\_\_\_\_ 2) \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

In case of an emergency, please notify (other than parent):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

### CONSENT FOR EMERGENCY MEDICAL TREATMENT:

I do hereby give permission to the Chabad Kiddie Camp staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## TERMS OF AGREEMENT

1. This completed application and medical form must be returned to the Chabad Kiddie Camp Office prior to the beginning of camp, otherwise your child will not be permitted into camp. This is the law and in accordance with being licensed by the state of NJ and we cannot make any exceptions.
2. There is a non- refundable deposit in the amount of \$250 per child and must be submitted along with the application. This will be credited towards tuition. Checks should be made to "Chabad Kiddie Camp." Credit Card payments can be made via the website [www.chabadkiddiecamp.com](http://www.chabadkiddiecamp.com)
3. All balances are due on or before June 1, 2012

I have read the camp application and agree to the terms stated. I also grant permission for my child/ren to be in camp photos and allow the photos to be used publicly.

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

Return forms with deposit (if deposit not yet paid) to  
Chabad Kiddie Camp  
513 Kenwood Pl.  
Teaneck, NJ 07666