

Chabad Kiddie Camp of Teaneck ENROLLMENT APPLICATION SUMMER 2019

Summer Session: June 25 - August 15, 2019

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 '19	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): Go to www.chabadkiddiecamp.com/bunkrequests in order request a friend
Please keep in mind that over the age of 3 bunks separated by gender due to differences in play and interests that is unique to each gender.

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 "Friends of Lubavitch of Bergen County" Credit Card payments can be made via the website www.chabadkiddiecamp.com
3. All balances are due on or before May 27, 2019
4. If your child is asked to leave camp due to ANY behavior including but not limited to biting/bullying/aggressiveness towards campers or staff there will be no refund of any camp tuition. We have a zero tolerance policy for aggression towards staff. Any child that hits, kicks, scratches, bites, etc...any staff member will not be allowed back in camp.
5. I understand that if there are behavior/social issues that my child has that are not revealed to the camp directors and the camp therefore feels that the child's behavior is beyond the scope of what the camp can handle, we do reserve the right to remove the child from camp for his or her safety and the safety others with no reimbursement or refund of tuition.

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