



Camp Gan Kadima

2017 Camper Registration Form

A DIVISION OF
SHALOM DAY CAMP



Camper Information:

	Last Name	First Name	Date of Birth	Sex
Camper # 1:				
Camper # 2:				
Camper # 3:				

Address: _____ Home Phone: _____
 Street City State Zip

Father's Name: _____	Mother's Name: _____
Occupation: _____	Occupation: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

Yeshiva / School Attends: Camper # 1 _____ Grade completed 06/17: _____
 Camper # 2 _____ Grade completed 06/17: _____
 Camper # 3 _____ Grade completed 06/17: _____

Emergency Information:

Does your child(ren) have any physical or emotional limitations that would prohibit him/her from participating in any camp activities or trips? If **YES**, please explain: _____

Is your child(ren) currently taking any medication? If **YES**, please indicate the type of medication, the reason for the medication and how it is taken: _____

In the event of an emergency, please indicate the person(s) whom you would like contacted **other than yourself:**

Name _____	Relationship _____	Phone # _____
Name _____	Relationship _____	Phone # _____

Transportation:

My child(ren) will be using camp bus Both AM Pick Up PM Drop Off My child(ren) will **NOT** be using camp bus

If you are requesting bus service, please list the main streets or avenues closest to you:

_____ & _____

If your child(ren) is being met and picked up at the camp, please indicate **ALL** persons authorized to do so: **NO CHILD(REN) WILL BE RELEASED TO ANYONE NOT APPEARING ON THIS LIST WITHOUT PRIOR NOTIFICATION TO THE SHALOM DAY CAMP OFFICE!**

Name _____	Relationship _____	Phone # _____
Name _____	Relationship _____	Phone # _____

Camper # 1:	<input type="checkbox"/> Whole Summer	<input type="checkbox"/> 1st Half	<input type="checkbox"/> 2nd Half	<input type="checkbox"/> Other:	From: _____	To: _____
Camper # 2:	<input type="checkbox"/> Whole Summer	<input type="checkbox"/> 1st Half	<input type="checkbox"/> 2nd Half	<input type="checkbox"/> Other:	From: _____	To: _____
Camper # 3:	<input type="checkbox"/> Whole Summer	<input type="checkbox"/> 1st Half	<input type="checkbox"/> 2nd Half	<input type="checkbox"/> Other:	From: _____	To: _____

Please read and sign the back of this form

Contract:

Carefully read the following agreement and sign at the bottom. No unsigned applications will be accepted.

In the event of a medical emergency I hereby authorize Shalom Day Camp staff to obtain necessary medical treatment for my child(ren) with the understanding that the family will be notified as soon as possible.

Shalom Day Camp and their staff shall be held harmless from any and all liabilities arising from such emergency.

I understand that full payment of all camp fees is required by June 01, 2017. Failure to pay in full by that date will result in the automatic cancellation of your child(ren)'s enrollment in day camp with a loss of all fees paid to date.

I understand that if I cancel my enrollment before camp begins, I am subject to the service fees indicated in the camp brochure. Cancellations after the start of camp are subject to a loss of fees.

Shalom Day Camp reserves the right, after due notification to the parent or guardian, to expel / remove any camper from our program in the event he/she fails to comply with the rules and regulations of the camp. Refunds, if any, will be at the sole discretion of the Director.

I will be held liable for any damages incurred by my child(ren).

I agree to allow my child(ren) to participate in all programs and trips which are part of the camp program.

I hereby consent to the taking of photographs, movies or videos of my child(ren) in his/her camp related activities by Shalom Day Camp. I also grant Shalom Day Camp the right to use said photographs, movies and videos in camp literature, publicity materials, and websites. I also hereby release Shalom Day Camp from any claims, demands and liabilities in connection with the above.

Signature of Parent or Guardian _____

Date: _____

Please fill out this form in it's entirety. Return completed forms with a \$500 deposit for each child to:

Shalom Day Camp c/o Briendy Teitelbaum
6222 Avenue T
Brooklyn, NY 11234

If referred by a current Shalom or Kadima Day Camp member, list their name below:

Parent Comments: _____

Camp Shirt:

Please indicate the size T-Shirt your child wears.

Children: XS S M L XL

Adult: S M L XL

Camp Tuition: _____	Payment Log:
Scholarship: _____	Date _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Amt _____ Bal: _____
EB Discount _____	Date _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Amt _____ Bal: _____
SIB Discount _____	Date _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Amt _____ Bal: _____
Transportation: _____	Date _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Amt _____ Bal: _____
Deposit: _____	Date _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Amt _____ Bal: _____
Balance: _____	Date _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Amt _____ Bal: _____