



**CAMP REGISTRATION FORM 5783 (2023)**

**CAMPER'S INFORMATION**

First & Last Name			
Hebrew Name	Gender	DOB	night or day?
Grade Entering	School		
Child's Cell	Child's eMail		
Which camps have they gone to in the past?			
<input type="checkbox"/> Week 1:June 13 <input type="checkbox"/> Week 2:June 20 <input type="checkbox"/> Week 3:June 27 <input type="checkbox"/> Week 4:July 4 <input type="checkbox"/> Week 5:July 11 <input type="checkbox"/> Week 6:July 18 <input type="checkbox"/> Week 7:July 25 <input type="checkbox"/> Week 8:Aug 1			

**PARENT'S INFORMATION**

Child lives with <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> _____	
<b><u>MOTHER</u></b>	<b><u>FATHER</u></b>
<input type="checkbox"/> Single <input type="checkbox"/> Married to father <input type="checkbox"/> Married to other	<input type="checkbox"/> Single <input type="checkbox"/> Married to mother <input type="checkbox"/> Married to other
First & Last Name:	First & Last Name:
Full Address:	Address: (if different than mother's address)
Home ph #: ( ) -	Home ph #: ( ) -
Cell ph #: ( ) -	Cell ph #: ( ) -
Work ph #: ( ) -	Work ph #: ( ) -
E-mail:	E-mail:
Jewish? <input type="checkbox"/> By Birth <input type="checkbox"/> Converted <input type="checkbox"/> Not Jewish If converted, please provide documentation	Jewish? <input type="checkbox"/> By Birth <input type="checkbox"/> Converted <input type="checkbox"/> Not Jewish If converted, please provide documentation
Occupation:	Occupation:
Are there any ways you can be of assistance? Do you have access to any products that can help with the program or new building?	
Is your family a member of a Synagogue? If yes, please specify:	

**COMMUNICATION**

Which way will you commit to respond to?  eMail  Facebook  Text Message  Phone Message  Snail Mail

**FEES**

Registration Policy: A completed application must be submitted with a non-refundable fee of \$75.00 per camper, not credited toward total tuition fees. Registering your child before you're 100% sure they will be coming is not fear to us or to the so many other children who want to come. • No refunds will be given for any withdrawals and/or incomplete attendance. • A \$35 fee will be charged for returned checks.

Non-Refundable Registration Fee (Please don't register until you're 100% sure they will come)	Due at Registration	\$75
Camp Tuition (Includes Breakfast, Hot Lunch & Snack)	Weekly	\$300
Individual Camp Days	Daily	\$75
Camp T-Shirts	Must be worn on all trips	\$10 / 3 for \$25
Early Drop-off & Late Pick-up No Charge	Extra Early / Extra Late \$5 Per day <input type="checkbox"/> Attached Separate Form	\$

Total Paid at Registration \$	Method	Date	Total Commitment \$
Terms	<input type="checkbox"/> Credit Card on File <input type="checkbox"/> Head Checks <input type="checkbox"/> Zelle (3% Discount) <input type="checkbox"/> Advance (3% Discount)		
Credit Card #	Exp Date	CUV	
Signature	Date	For Internal Use Registered with _____ <input type="checkbox"/> Attendance <input type="checkbox"/> Salesforce <input type="checkbox"/> Complete	

**EMERGENCY CONTACT & HEALTH RECORD**

In case of emergency, if either parent cannot be reached, I give authorization to contact:

Emergency Contact #1:	Emergency Contact #2:
Relationship to Child:	Relationship to Child:
Phone #	Phone #
Primary Care Physician:	Phone #

Physician's Address:

Medical Conditions/ Allergies:  
Medications/ Treatments:  
Special Dietary or Other Health Needs:

Does Child Have Health Insurance?  Yes  No Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**PICK UP DESIGNATION**

The following person(s), other than carpool and parents are authorized to pick up my child. A note from you indicating who will pick up the child is still required even though you have indicated authorized persons. Your advanced notice will allow us to expect the alternate, and prepare your child without confusion. Thank you in advance for your prompt attention to this request and your continued cooperation.

Name # 1:	Relationship to Child:	Phone #:
Name # 2:	Relationship to Child:	Phone #:

**FIELD TRIP STATEMENT**

I allow my child to participate in trips off Chabad Chayil grounds. I understand these trips will include walking and busing to another facility, including the use of Chabad vehicles.

**PHOTO RELEASE STATEMENT**

I hereby grant permission for photography and videography, taken by the staff of Chabad Chayil of myself and my child's activities at school, camp or any activities related it for promotional or public relations purposes. I agree that I am to receive no compensation for my child's appearance and that this participation confers on me no ownership rights whatsoever.

**MEDICAL EMERGENCY**

I give permission for my child to receive Tylenol and/or other medications and receive first aid when deemed necessary. I give permission for my child to receive emergency medical treatment from physicians in a medical facility, should he/she become seriously injured or ill. **Please list** any special medical instructions under Emergency Contact & Health Record section.

**PARENT POLICY AGREEMENT**

I have read the following in its entirety. I understand its content and agree to abide by the policies and procedures.

**PLEASE INITIAL EACH ITEM**

\_\_\_ Field trip Statement \_\_\_ Photo/Video Release Statement \_\_\_ Medical Emergency Authorization \_\_\_ Parent Handbook

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



**EARLY DROP OFF & LATE PICK-UP  
REGISTRATION FORM 5783 (2023)**

**CAMPER'S INFORMATION**

First & Last Name

Please respect camp hours of 10:00-4:00 or indicate below your need for additional care.  
We are not charging for early drop-off after 9:00am or late pick-up before 4:30pm, however it must be indicated below.

**Extra Early & Extra Late**

8:00-9:00am \$5 per day when paying at time of registration.

4:30-5:30pm \$5 per day when paying at time of registration.

38 Camp days comes to \$190 for one or \$380 for both

For those not registered for early drop-off or late pick-up, it will be available in emergency situations for \$1 per minute.

**Time of Early Dropoff**  
(Available from 8:00am)  
**Please Indicate Time**

**Time of Late Pick-Up**  
(Available M-R 4:00-5:30pm, Fridays until 5)  
**Please Indicate Time**

Mondays:

Tuesdays:

Wednesdays:

Thursdays:

Fridays:

Limited Space - Available on a first come first serve basis.  
Sorry, but no holding spots.

Reminder: Register for Winter & Spring Camp BEOFRE there's no more space!

Camp pictures are updated to Facebook.com/ChabadChayilPage - Make sure to like & follow!

ChabadChayil.org/camp