



RUACH DAY CAMP

CAMPER REGISTRATION FORM

Camper #1 _____
(Last) (First) (Date of Birth)

Camper #2 _____
(Last) (First) (Date of Birth)

Camper #3 _____
(Last) (First) (Date of Birth)

Home Address _____

City _____ State _____ Zip _____ Tel _____ Rabbi Dr. Mr. Mrs. Only

Email _____ Email _____

Father's name _____ Business Tel.# (_____) _____ Cell (_____) _____

Mother's name _____ Business Tel.# (_____) _____ Cell (_____) _____

Camper #1 Whole Summer First Trip Second Trip Other (From _____ to _____)

Camper #2 Whole Summer First Trip Second Trip Other (From _____ to _____)

Camper #3 Whole Summer First Trip Second Trip Other (From _____ to _____)

Yeshiva attends **Camper #1** _____ Hebrew grade completed _____

Yeshiva attends **Camper #2** _____ Hebrew grade completed _____

Yeshiva attends **Camper #3** _____ Hebrew grade completed _____

IN CASE OF EMERGENCY CONTACT

#1 Name _____ Phone (_____) _____ Relationship _____

#2 Name _____ Phone (_____) _____ Relationship _____

Family Doctor _____ Phone (_____) _____

BUNK REQUESTS

Camper #1 _____ to be with _____ or _____

Camper #2 _____ to be with _____ or _____

Camper #3 _____ to be with _____ or _____

BUS INFORMATION

Exact pick-up A.M. _____
Address Cross Streets

Exact drop-off P.M. _____
Address Cross Streets

No Bus Transportation - Picked up by _____



RUACH DAY CAMP

2611 Ave Z, Brooklyn, NY 11235

Tel: (718) 646-8500 (ext.1123) • Fax: (718) 646-8223 • E-mail: ruach@ykb.us

A SUMMER PROJECT OF YESHIVA RUACH CHAIM
Please fill out information on both sides and send back with deposit

CONTRACT

1. In the event of a medical emergency I hereby give authority to Ruach Day Camp/Yeshiva of Kings Bay staff to obtain necessary medical treatment for my child/children(1)_____ (2)_____ (3)_____.
Ruach Day Camp/Yeshiva of Kings Bay and their staff shall be held harmless from any and all liabilities arising from such emergency.
2. **I am hereby “MAFKIR” all of the belongings that my child(ren) have in Ruach Day Camp after the summer Season is over (August 30).**
3. The Camp Administration reserves the discretionary right to require the withdrawal of any camper for disciplinary or educational reasons. I will incur a minimum of \$100 plus pro-rated charge for amount of days in camp.
4. I will be held liable for any and all damages incurred by my child(ren).
5. **Tuition must be paid in full prior to June 1st. Any outstanding balance will terminate my child’s admission to camp.**
6. I fully understand that I will receive a full refund if I cancel before June 1st. I will receive no refund for any other absences or cancellations.
7. **It is not the camps responsibility to collect from other sources, scholarships, sponsorships or vouchers, beyond normal billing.**
8. **I have seen the trip schedule for the summer and I agree to send my children on all camp trips with the transportation provided.**

Parent’s Signature _____ Relationship _____ Date _____

PARENTS’ COMMENTS OR SUGGESTIONS	PARENT PERSONAL/HEALTH INFORMATION

FOR OFFICE USE ONLY

CAMP PAYMENTS	
DATE _____	AMOUNT \$ _____ RECPT# _____
DATE _____	AMOUNT \$ _____ RECPT# _____
DATE _____	AMOUNT \$ _____ RECPT# _____
DATE _____	AMOUNT \$ _____ RECPT# _____
DATE _____	AMOUNT \$ _____ RECPT# _____
DATE _____	AMOUNT \$ _____ RECPT# _____
SUB TOTAL	\$ _____
ADDITIONAL FEE	\$ _____
ADDITIONAL FEE	\$ _____
TOTAL	\$ _____

CREDIT CARD AUTHORIZATION
DATE RECEIVED _____
I HEREBY AUTHORIZE RUACH CAMP/YESHIVA KINGS BAY TO DEDUCT FROM MY CREDIT CARD PAYMENT FOR CAMP TUITION FOR _____
NAME ON CARD _____
C.C# _____
EXPIRATION DATE _____
TYPE MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/>
DEPOSIT AMOUNT _____ ON _____
FIRST PAYMENT AMOUNT _____ ON _____
SECOND PAYMENT AMOUNT _____ ON _____
THIRD PAYMENT AMOUNT _____ ON _____
SIGNATURE _____
There is a 3% fee for credit card