



A WARM BAIS YAAKOV DAY CAMP

FOR **GIRLS** FINISHING NURSERY, KINDERGARTEN, P1A AND 1ST GRADE
FOR **BOYS** FINISHING NURSERY

CAMPER REGISTRATION FORM

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

Whole Summer First Trip Second Trip Other (From _____ to _____)

Yeshiva attending _____ Hebrew Grade completed as of June _____

Bunk Request: _____ or _____ or _____

Teacher Reference: Name: _____ Tel: _____

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

Whole Summer First Trip Second Trip Other (From _____ to _____)

Yeshiva attending _____ Hebrew Grade completed as of June _____

Bunk Request: _____ or _____ or _____

Teacher Reference: Name: _____ Tel: _____

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

Whole Summer First Trip Second Trip Other (From _____ to _____)

Yeshiva attending _____ Hebrew Grade completed as of June _____

Bunk Request: _____ or _____ or _____

Teacher Reference: Name: _____ Tel: _____

FAMILY INFORMATION

Home Address _____ Street _____ Apt. _____

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

Email _____ Email _____

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

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

EMERGENCY CONTACT

#1 Name _____ Phone (____) _____ Relationship _____

#2 Name _____ Phone (____) _____ Relationship _____

Family Doctor _____ Phone (____) _____

BUS INFORMATION

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

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

No Bus Transportation - Picked up by _____

MACHANE LEVAVOS

ADMINISTRATIVE OFFICE: 2611 AVE Z, BROOKLYN, NY 11235

SUMMER ADDRESS: 1249 E 18TH ST

TEL: 718-646-8500 FAX: 718-646-8223 EMAIL: LEVAVOS@YKB.US

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 Machane Levavos staff to obtain necessary medical treatment for my child/children(1)_____ (2)_____ (3) _____.
Machane Levavos and their staff shall be held harmless from any and all liabilities arising from such emergency.
2. I understand that any belongings left at the end of the summer may be donated to tzedaka.
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 agree to send my child(ren) on all camp trips with the transportation provided.
9. I agree to the attached addendum.

Parent's Signature _____ Relationship _____ Date _____

PARENTS' COMMENTS OR SUGGESTIONS	PERTINENT HEALTH INFORMATION /ALLERGIES

CAMP PAYMENTS	
MUST BE PAID IN FULL BY JUNE 1	
DATE _____	AMOUNT \$ _____ RECPT# _____
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
MUST BE PAID IN FULL BY JUNE 1
DATE RECEIVED _____
I HEREBY AUTHORIZE MACHANE PENINA
TO DEDUCT FROM MY CREDIT CARD PAYMENT
FOR CAMP TUITION FOR _____
NAME ON CARD _____
CC# _____
EXPIRATION DATE _____
DEPOSIT AMOUNT _____ ON _____
FIRST PAYMENT AMOUNT _____ ON _____
SECOND PAYMENT AMOUNT _____ ON _____
THIRD PAYMENT AMOUNT _____ ON _____
SIGNATURE _____
There is a 3% fee for credit card