



CAMP REGISTRATION FORM 5785 (2025)

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 24 <input type="checkbox"/> Week 2:June 30 <input type="checkbox"/> Week 3:July 7 <input type="checkbox"/> Week 4:July 14 <input type="checkbox"/> Week 5:July 21 <input type="checkbox"/> Week 6:July 28 <input type="checkbox"/> Week 7:Aug 4 | | | |

PARENT'S INFORMATION

| | |
|--|--|
| Child lives with <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> _____ | |
| <u>MOTHER</u> | <u>FATHER</u> |
| <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 |
| No Charge for Early Drop-off | Extra early \$7 per day or \$30 per wk / Late drop-off \$8 per day or \$35 per wk | \$ |
| 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"/> CRM <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 transporting children.

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 to it, to be shared with parents and for promotional 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.

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

___ Permission to Cross Street ___ Field trip Statement ___ Photo/Video Release Statement
___ Medical Emergency Authorization ___ Parent Handbook

Parent/Guardian Signature _____ Date _____



**EARLY DROP OFF & LATE PICK-UP
REGISTRATION FORM 5785 (2025)**

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

Extra Early & Extra Late

8:00-9:00am \$7 per day or \$30 per week when paying at time of registration.

4:00-5:30pm \$8 per day or \$35 per week when paying at time of registration.

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 slots.

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

Camp pictures are updated to Facebook.com/ChabadChayil – Make sure to like & follow!

ChabadChayil.org/camp