



**SPRING BREAK CAMP REGISTRATION FORM 5779 (2019)**

**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?			

**PARENT'S INFORMATION**

Child lives with  Both Parents  Mother  Father  \_\_\_\_\_

<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**

No refunds will be given for any withdrawals and/or incomplete attendance. • A \$35 fee will be charged for returned checks.

Camp Tuition	Daily \$60	Full Week \$250
Total Paid at Registration \$	Method	Date
Terms	<input type="checkbox"/> Credit Card on File <input type="checkbox"/> Check <input type="checkbox"/> _____	
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 #:

### PERMISSION TO CROSS STREET

With the many activities that we have planned for this year's program, it is necessary to utilize both the classrooms in Aventura Waterways K-8 Center and our buildings at 2601, 2611 & 2621 NE 211<sup>th</sup> Terrace, & 2600 NE 212<sup>th</sup> Terrace, Miami Fl 33180, as well as other properties on the block. Therefore, we will require your permission to transport your child(ren) between locations.

### FIELD TRIP STATEMENT

I allow my child to participate in trips off Chabad Chayil grounds. I understand these trips will include busing to another facility.

### 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

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

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