



## Summer 2020

Young Israel of East Brunswick  
Attention: CAMP KESHET  
193 Dunhams Corner Road East Brunswick, NJ 08816

Name of Camper: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent 1: Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Parent 2: Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade (19-20): \_\_\_\_\_

Tshirt Size (choose one): Youth ( ) Small ( ) Medium ( ) Large; Adult ( ) Small ( ) Medium ( ) Large

Additional shirt(s) \$12 each: ( ) Yes ( ) No Size: \_\_\_\_\_ Quantity: \_\_\_\_\_ Total Cost: \_\_\_\_\_

\_\_\_ Full Season (June 22-August 14) \_\_\_ 1<sup>st</sup> Month (June 22-July 17) \_\_\_ 2<sup>nd</sup> Month (July 20-August 14)

OR \_\_\_ Consecutive Weeks (4 wks minimum) From \_\_\_\_\_ To \_\_\_\_\_

OR \_\_\_ Custom Schedule (must be approved by Camp Director) \_\_\_\_\_

2 & 3 year olds only: \_\_\_ 9:00-12:30 OR \_\_\_ 9:00-4:00

\_\_\_ I am interested in before and aftercare

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contacts:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Camper's Hebrew Name: \_\_\_\_\_

Previous Camp Experience (Name & Dates): \_\_\_\_\_

Swim Level (List swim experience and most recent swim card child earned, if applicable): \_\_\_\_\_

Jewish Education (List schools attended, note type of program, i.e. Hebrew School, Yeshiva, Nursery & Dates): \_\_\_\_\_

Camper Name: \_\_\_\_\_

Please include an information about your child's abilities, habits or behavior that would help your child have a great summer:

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Does your child have any allergies (food, medication, etc.) and /or dietary restrictions? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please specify \_\_\_\_\_

Does your child have any illness, chronic condition or diagnosis of which we should be aware? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please specify \_\_\_\_\_

Does your child have any physical or medical conditions which will impact on his/her participation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please specify \_\_\_\_\_

Does your child take medication on a regular basis? \_\_\_\_\_ Yes \_\_\_\_\_ No Please specify \_\_\_\_\_

Please describe any special family situations of which we should be aware. \_\_\_\_\_

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A deposit of \$195 is required for each child registered made payable to Young Israel of East Brunswick Day Camp.

I agree to abide by the rules and regulations of the Camp.

For the 2020 season, gratuities *are not* included in the tuition fee.

I understand Camp Keshet, Young Israel of East Brunswick Day Camp, is not responsible for campers' personal property.

In the event I cannot be reached, I hereby grant permission to the director of Camp Keshet, Young Israel of East Brunswick Day Camp to provide a physician or hospital to give emergency treatment to my child.

Permission is granted to Camp Keshet/Young Israel of East Brunswick Day Camp to take my child on trips outside of camp grounds and be transported in vehicles designated by the Camp Director.

I understand that photos and video of my child/children may be taken during the course of the summer and I hereby authorize Camp Keshet, Young Israel of East Brunswick Day Camp to use these photos and/or video for programming and promotional purposes.

Camp Keshet reserves the right to withdraw any camper whose actions we determine to be detrimental to the summer program and the community. No refund will be issued.

Please continue to page 3 and be sure to sign the application.

Camper Name: \_\_\_\_\_

PAYMENT SECTION:

Deposit of \$195 required to complete registration. Paid on: \_\_\_\_\_

PLEASE PROVIDE THE FOLLOWING INFORMATION HOW YOU ARE SUBMITTING YOUR DEPOSIT:

( ) Check: Bank Name: \_\_\_\_\_ Check Number: \_\_\_\_\_

( ) Shulcloud Check Payment: Bank Name: \_\_\_\_\_

( ) Shulcloud Credit Card: ( ) Visa ( ) Master Card ( ) American Express ( ) Discover Last 4 Digits: \_\_\_\_\_

( ) Credit Card **NOT THROUGH SHUL CLOUD:**

( ) Visa ( ) Master Card ( ) American Express ( ) Discover

Card Number: \_\_\_\_\_

Exact Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Digit Code: \_\_\_\_\_

*NOTE: We are planning to begin camp on MONDAY, JUNE 22, 2020. However, start date is subject to change based on local school calendars.*

**I agree to pay the balance of the camp tuition in full by May 25, 2020 and I understand that if I fail to do so any discounts that may have been applied will be lost. Deposits are fully refundable prior to April 1st. A \$150 fee will be charged for cancellations made after that date. No refunds will be made after May 1st. Withdrawals made for any reason after May 1, 2020 will be liable for the full contract amount. Any unpaid balances by your child's first scheduled day of attendance at camp may result in denial of admittance.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about us? \_\_\_ Newspaper \_\_\_ Raritan Review \_\_\_ Neighbor/Friend

\_\_\_ Other: \_\_\_\_\_

For Office Use Only:

Date Received \_\_\_\_\_ Rate \_\_\_\_\_ Promo \_\_\_\_\_

Deposit \_\_\_\_\_ Logged \_\_\_\_\_ PW Sent \_\_\_\_\_



TLC at Camp Keshet  
Application Supplement  
Summer 2020  
Young Israel of East Brunswick

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Camper's Cell Phone \_\_\_\_\_ Camper's E-mail Address: \_\_\_\_\_

Name of current School \_\_\_\_\_ Current Grade \_\_\_\_\_

Name of School Entering September 2020 \_\_\_\_\_ Grade Entering September 2020 \_\_\_\_\_

Are you receiving any special services? \_\_\_\_\_

Jewish education, if different from above \_\_\_\_\_

Please indicate your Hebrew language competency \_\_\_\_\_

Are you Bar or Bat Mitzvah? \_\_\_\_\_ Yes \_\_\_\_\_ No

Synagogue Affiliation \_\_\_\_\_ Rabbi \_\_\_\_\_

Prior Camp Experience

Name of Camp	Location	Camper or CIT
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Related Experience

Work Experience \_\_\_\_\_

Leadership Experience (school, shul, etc.) \_\_\_\_\_

Chesed/Community Service Experience \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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