



Summer 2019

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 (18-19): _____

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 24-August 16) ___ 1st Month (June 24-July 19) ___ 2nd Month (July 22-August 16)

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:

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. _____

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

I agree to pay the balance of the camp tuition in full by May 25, 2019 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, 2019 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.

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

For the 2019 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.

Camper Name: _____

PAYMENT SECTION:

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

() Check: Bank Name: _____ Check Number: _____

() Shulcloud Check Payment: Bank Name: _____

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

() Credit Card: () 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 24, 2019. However, start date is subject to change based on local school calendars.

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 _____