

Camp Chaverim 2017

Registration Form

Please complete and return this form with a \$100 non-refundable deposit per camper. This deposit will be applied to your camp fee. Space is limited, so please return this form to our office as soon as possible. Call Camp Director Carmela Malkin-Kuhn at 757-930-1422 if you have any questions.

Camper Information:

CAMPER	NAME	M/F	BIRTH DATE	GRADE IN FALL	T-SHIRT SIZE
#1					
#2					
#3					

Address: _____ City: _____ Zip: _____

Mother/Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Father's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Choose week(s) attending camp below:

Camper	Full Day	Half Day	WK 1	WK 2	WK 3	WK 4	WK 5	WK 6	WK 7	WK 8
			6/26-6/30	7/03-7/07	7/10-7/14	7/17-7/21	7/24-7/28	7/31-8/04	8/07-8/11	8/14-8/18
#1										
#2										
#3										

Extended Care - Circle times and weeks needed below:

Camper	Time Needed			Sessions Needed							
	AM	PM	BOTH	1	2	3	4	5	6	7	8
#1											
#2											
#3											

SEE CAMP BROCHURE FOR FEE SCHEDULE

Camper #1 Fees: \$_____ Camper #2 Fees: \$_____ Camper #3 Fees: \$_____

Extended Care Fees: \$_____

Total for Summer: \$_____

Deposit (\$100):\$_____

Balance Due:\$_____

Make check payable to UJCVP or call 930-1422 for Credit Card Payment.
 Please Note: No camper will be accepted if previous camp sessions have not been paid in full.

For Office Use Only:

This Medical History, Emergency Contacts, Field Trip and Picture Permission Form must be completed and returned to our office before your child(ren) may attend Camp Chaverim.

CAMPER #1: NAME: _____ DATE OF LAST PHYSICAL: _____
MOST RECENT TETANUS IMMUNIZATION: _____ MEDICATIONS: _____

COMMENTS, SPECIAL ISSUES, ALLERGIES, ETC. THAT ARE HELPFUL FOR US TO KNOW ABOUT:

CAMPER #2: NAME: _____ DATE OF LAST PHYSICAL: _____
MOST RECENT TETANUS IMMUNIZATION: _____ MEDICATIONS: _____

COMMENTS, SPECIAL ISSUES, ALLERGIES, ETC. THAT ARE HELPFUL FOR US TO KNOW ABOUT:

CAMPER #3: NAME: _____ DATE OF LAST PHYSICAL: _____
MOST RECENT TETANUS IMMUNIZATION: _____ MEDICATIONS: _____

COMMENTS, SPECIAL ISSUES, ALLERGIES, ETC. THAT ARE HELPFUL FOR US TO KNOW ABOUT:

Emergency Contacts (Other than parents/guardian):

NAME: _____ PHONE: _____ CELL PHONE: _____
NAME: _____ PHONE: _____ CELL PHONE: _____
DOCTOR: _____ PHONE: _____ CELL PHONE: _____

Transportation & Field Trip Permission:

My child/children has/have permission to be transported by bus/van provided by Camp Chaverim for field trips and off campus activities. I understand that the children will be supervised and accompanied by camp staff at all times.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Photograph/Video Permission:

Camp Chaverim has my permission to use photographs and/or videos of my child(ren) in newsletters and for publicity purposes.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

General Consent:

I hereby give my consent for my child(ren) to participate in routine camp activities and field trips at Camp Chaverim. I also give my consent for medical attention to be given in case of illness or injury.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

**Return this completed form to:
Camp Chaverim - United Jewish Community
401 City Center Blvd.
Newport News, VA 23606**