



## Division II (6-11 years)

CHILD INFORMATION		
Child's Name:	(Hebrew Name: _____ )	Date of Birth:
Home Phone:	Home Address:	
City:	State:	Zip Code:
PARENT INFORMATION		
Father's Name:	Mother's Name:	
Work Phone:	Work Phone:	
Cell Phone/Pager:	Cell Phone/Pager:	
E-mail:	E-mail:	
Address:	Address:	
Employer:	Employer:	
Custody: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other (specify): _____		
EMERGENCY CONTACTS		
The following people are to be contacted in case of emergency if parents cannot be reached:		
Name:	Phone/s:	Relationship:
Name:	Phone/s:	Relationship:
MEDICAL INFORMATION		
Is your child up to date with vaccinations? If not, please attach letter from pediatrician.		
Does your child have any food or other allergies (including medications)?		
Is there any special medical or other information that we should know about? If so, please attach all relevant information.		
I hereby grant permission for the staff of this facility to contact these medical personnel to obtain emergency medical care if warranted. (use other side if necessary)		
Pediatrician Name:	Phone:	
Medical Insurance Co.:	Policy #:	
ATTENDANCE, SCHEDULES, FEES		
<input type="checkbox"/> Session I (June 15 <sup>th</sup> – July 3 <sup>rd</sup> ) <input type="checkbox"/> Session II (July 6 <sup>th</sup> – July 24 <sup>th</sup> ) <input type="checkbox"/> Per week <i>Please specify:</i> _____	Discounts:	Hours and Weekly Fees:
	· Register by May 1 <sup>st</sup> for 25% off · Register for a full three week session and receive additional 25% off!!!	<input type="checkbox"/> 9 – 3:30 ----- \$125 <input type="checkbox"/> 9 – 5:30 ----- \$155
PICK-UP AUTHORIZATION		
The following people are hereby authorized to pick up my child from school: (use other side if necessary)		
Name:	Relationship:	Telephone:
Name:	Relationship:	Telephone:
SIGNATURES		
I hereby permit my child to participate in all camp activities, and join in trips beyond the premises. I hereby consent to the Chabad staff to take whatever medical measures they deem necessary, at my expense, for my child in the event of a medical emergency. I also grant permission for my child to be photographed for promotional purposes.		
<input type="checkbox"/> I have received a copy of the discipline policy and informational brochure		
Parent's signature:		Date:
Parent's signature: ( <i>in case of joint custody</i> ):		Date:
Application Checklist: <input type="checkbox"/> Completed form <input type="checkbox"/> Application fee <input type="checkbox"/> Immunization records (blue and yellow)		