



CAMP CHESED REGISTRATION FORM 2024

Basic Child(ren) Info

June 2024 Tuition: \$200 first child / \$140 for second.

Please list the child/children being registered in our camps starting with the eldest.

Child's name _____ Hebrew Name _____ Grade _____ Gender _____ DOB _____ School _____
Child's name _____ Hebrew Name _____ Grade _____ Gender _____ DOB _____ School _____
Child's name _____ Hebrew Name _____ Grade _____ Gender _____ DOB _____ School _____

Child's/Children's Address _____
 City _____ State _____ Zip Code _____

Legal Guardian's Information:

Guardian's Name 1 _____	Relationship to child(ren) _____
Cell Phone _____	
Home Phone _____	Work Phone _____
Email address _____	

Guardian's Name 2 _____	Relationship to child(ren) _____
Cell Phone _____	
Home Phone _____	Work Phone _____
Email address _____	

CAMP CHESED REGISTRATION FORM 2024 MEDICAL INFORMATION

Please fill out completely for each child.

Child's name _____

Date of last tetanus shot _____

Known Allergies (Please list medical, environmental, and/or food):

Allergy Treatment, if applicable (i.e. Benadryl, Epi Pen, etc.):

List any medical problems (asthma, seizures, headaches, sun sensitivity, etc.):

List any self-administered medication taken during camp hours:

In an emergency situation, does this child require additional assistance?

Yes No

IEP _____

Child's name _____

Date of last tetanus shot _____

Known Allergies (Please list medical, environmental, and/or food):

Allergy Treatment, if applicable (i.e. Benadryl, Epi Pen, etc.):

List any medical problems (asthma, seizures, headaches, sun sensitivity, etc.):

List any self-administered medication taken during camp hours:

In an emergency situation, does this child require additional assistance?

Yes No

IEP _____

Child's name _____

Date of last tetanus shot _____

Known Allergies (Please list medical, environmental, and/or food):

Allergy Treatment, if applicable (i.e. Benadryl, Epi Pen, etc.):

List any medical problems (asthma, seizures, headaches, sun sensitivity, etc.):

List any self-administered medication taken during camp hours:

In an emergency situation, does this child require additional assistance?

Yes No

IEP _____

I consent to the following administration, unless otherwise noted: sunscreen (to be administered before sun exposure), bug spray, Neosporin or like-topical ointment (to be administered on cuts), latex Band-Aids.

Child 1 Yes No

Child 2 Yes No

Child 3 Yes No

Comments:

Name of Insurance Company: _____

Address: _____ City _____ Zip Code _____

Policy Number: _____

Emergency Contact Information:

Emergency Contact Name 1 _____

Relationship to child(ren) _____

Cell Phone _____

Work Phone _____

Emergency Contact Name 2 _____

Relationship to child(ren) _____

Cell Phone _____

Work Phone _____

CAMP CHESED REGISTRATION FORM 2024 Waiver

I am signing up my child(ren) for camp and accept/do not accept the following:

I accept full financial responsibility for on time payment by Friday, June 14, 2024.

I give permission for my child(ren) to receive medical care in the case of emergency.

I give permission to photograph and videotape my child(ren) to use for promotion (without their names) on print and electronic marketing and social media.

Guardian Print Name: _____

Guardian Signature: _____

Date: _____