



# 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 \_\_\_\_\_



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## 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: \_\_\_\_\_