



CAMP CHESSED REGISTRATION FORM 2022

Basic Child(ren) Info

June 2022 Tuition: \$138 non-members/\$120 members, 10% off for each sibling.

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

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

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 _____	



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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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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.

☐ I give my child(ren) permission to attend all trips and 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: _____