

CAMP REGISTRATION FORM

DATE: _____

Child(s) last name: _____ First _____ M.I. _____

Address: _____ City: _____ Zip Code: _____

Date of Birth: _____ Entering grade in Sept: _____

Parent or guardian: _____

Day phone: _____ Evening phone: _____ Cell Phone: _____

Parent or guardian: _____

Day phone: _____ Evening phone: _____ Cell Phone: _____

Does child live with both parents? _____

Number of people living in household: _____

Camps previously attended: _____ Year: _____

_____ Year: _____

Please list any allergies, dietary, medical, or physical restrictions:

Medications: _____ Dose: _____

NOTE: Medications must be given to the camp director if have to be taken during camp.

Does your child require a kosher lunch? _____ Yes _____ No

Does your child receive any services from the following during the school year?

___ Social worker

___ Psychologist or psychiatrist

___ Speech therapist

___ Physical therapist

___ Special Education

___ Other (please specify) _____

Other information which would be helpful to your child's counselor:

EMERGENCY CONTACT (other than parent):

Name: _____ Day phone: _____

Relationship to Child: _____ Cell phone: _____

Physician(s) name: _____ Day phone: _____

Health insurance Company: _____

Policy number: _____

IN CASE OF MEDICAL EMERGENCY, I understand reasonable effort will be made to contact parents or guardian of campers. In the event I cannot be reached I hereby give permission to the physician selected by the camp director or designee to provide or procure any necessary treatment required by an emergency.

MEDIA RELEASE FORM:

I agree to allow the use of my child's name, city & state, and/or photograph, videotape, or any likeness of his/her to be used for purposes of promoting the awareness of camp as well as for visual documentation for funding sources.

Parent Signature

Date

CAMP WEEKS: Please check which weeks your child will attend.

_____ July 20 - July 24 at Camp Tamarack

_____ July 27 - July 31

_____ August 3 – August 7 at Camp Tamarack

_____ August 10 – August 14

CAMP FEES: Please check number of weeks your child will attend and circle the fee.*

		<u>Early Bird Fee**</u>	<u>Fee</u>
_____	1 week	\$165	\$175
_____	2 weeks	\$320	\$340
_____	3 weeks	\$475	\$505
_____	4 weeks	\$630	\$670

Payment in full* due by July 1, 2009.

Financial Assistance

_____ I am interested in financial assistance.

_____ I am interested in a payment plan for camp.

Please contact Lynda Yeotis (810) 767-5922 to set up a confidential appointment.

By signing this application I agree to pay all fees associated with the camp.

Parent or Guardian Signature: _____ Date _____

For further information contact Irina Yufa (810) 767-5922.

***Payment plans can be arranged upon need if requests are made prior to July 1st, 2009.**

**** Early Bird registration fees are applicable if full payments are made by May 31, 2009. Not applicable for families with financial aid or payment plans.**