

**Camper Application Camp Chomeish Summer 5772 - 2012**



To register, fill out all information, one form per child, sign and return/mail with your check or charge to the address below.  
PLEASE WRITE CLEARLY

**Camper Information**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Full Hebrew name \_\_\_\_\_  
 Date of Birth M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_ Hebrew Dtae of Birth \_\_\_\_\_  
 Grade concluded as of June, 2005 \_\_\_\_\_ School \_\_\_\_\_ School Phone \_\_\_\_\_  
 Which camp did you attend last summer . \_\_\_\_\_

**General Information**

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_  
 City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_ IMPORTANT INFORMATION WILL BE SENT VIA EMAIL

**Summer Address**

(if different then above)

Summer Address \_\_\_\_\_ Apt # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
 Phone \_\_\_\_\_

**Father's Information**

Father's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Place of Business \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Beeper \_\_\_\_\_ Cell phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Social Security Number - - - Date of Birth M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_

**Mother's Information**

Mother's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Place of Business \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Beeper \_\_\_\_\_ Cell phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Social Security Number - - - Date of Birth M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_

**Emergency Information**

Emergency Contact Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
 Phone \_\_\_\_\_ Beeper \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Med. Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Please send copy of card

**Registration Information**

I am registering my daughter for  Full Summer (Tuesday, July 24 – Monday, August 20)  
 Bunkmate request \_\_\_\_\_ & \_\_\_\_\_ Must be of same age.

## Fees

Camping fees:	Price per session: \$1,800.00	Entire summer: \$3,400.00
Extras Per Child:	Transportation \$60.00	Round Trip From Brooklyn, NY or Airport (Luggage Included)
	Laundry Service \$25 per session	\$50 Per summer
	Major Trip \$25 per session	\$50 Per summer

Please note extra fees are IN ADDITION to ALL camping fees.

## Discount Information

Scholarship availability is on first come basis, all scholarship applicants must complete all necessary forms and submit forms and send deposit to camp office.

Early Bird: To qualify for the 10% Early Bird Discount, application and deposit must be received by the Camp office or postmarked by February 20, 2002, Adar 8, 5762.

Discounts\*: Two (2) children 10%, three (3) children 15%, four (4) children 20% - of full price.

\*In addition to Early Bird Discounts (Does not apply to some scholarships)

## Terms of Enrollment

No child shall be excluded from admission, on grounds of race, color, or national origin. Parent or guardian must submit a completed camper application along with a deposit of \$150 per child, per session. Upon receipt of deposit, space will be held for the children named in the application, and the deposit will be credited toward the children's 2005 camping seasons' EXTRA costs. The deposit is non-refundable, however it is transferable, unless no program is provided for the children for whom the deposit is paid. To qualify for the 10% Early Bird Discount, application and deposit must be received by the Camp office and postmarked on or before March 11, 2005. Camp Chomeish reserves the right to refuse any application for any reason (other than race, color, or national origin), in which case the deposit will be immediately refunded. Camp fees must be paid in full by May 15, 2005. We regret that due to the tremendous budget and operational expenses- **NO CHECKS WILL BE ACCEPTED POST-DATED PAST JUNE 15th, 2005.** Additionally, fees not paid in full by May 15, 2005 may result in forfeiting of the child's space in camp and/or any discounts, which have been applied. Once fees have been paid, a full refund (except for \$100 of deposit) is available only if camp Chomeish is notified in writing on or before May 29, 2005. After May 29, 2005 only 50% of fees (except for \$100 of deposit) can be refunded. After June 25, 2005, none of the fees are refundable. Refunds are available for campers who can not attend camp for reasons of illness with a signed note from a licensed physician or dismissal by the Camp Director for disciplinary reasons. A \$25 fee will be charged for any check returned by the bank for any reason. Monies raised through the sale of raffle tickets are credited towards the camping fee, LESS 16.5% to cover cost of raffle. (i.e. You will receive a credit of \$30 for each \$36 sold) In case of medical emergency, Camp Chomeish will make every attempt to contact parent, guardian, and emergency contact named above. Should Camp Chomeish be unable to reach these contacts at the numbers listed above, parent or guardian hereby authorizes Camp ChoMeiSH to obtain medical treatment for the child(ren) named on these forms above. All physician, prescriptions or hospital charges are the responsibility of the parents. Permission is also hereby given to Camp ChoMeiSH to take all children named above on all camp outings and trips out of the campgrounds. Before any child attends Camp Chomeish, it is the parents' responsibility to obtain, read, understand and comply with the rules, regulations, and information found in the Camp Chomeish Parents' Handbook on line at: [www.campchomeish.com](http://www.campchomeish.com). Children who attend Camp Chomeish may be photographed and Camp Chomeish may use said photos for publicity purposes both in print and other media. Submitting an application with payment, whether or not the application is signed, constitutes full acceptance of the terms and conditions listed herein.

## Payment Information

Minimum Deposit is \$150 per child per session. Total Enclosed \$

I would like to apply for:  Early Bird Discount  Multi-child Discount  Scholarships

ALL PARENTS MUST COMPLETE, SIGN. No application will be considered unless accompanied with a deposit.

Sign here ►

Parent's Signature

Date M D Y

## Payment Method

Personal Check  VISA  MASTERCARD  AMEX

Name Card: Card #

Expires: M Y Zip code of card holder: (BILLING ADDRESS)

Card holders Signature Date M D Y

## Mailing Address

Please send application and deposit to:  
CAMP CHOMEISH P.O. Box 248 Moodus, CT 06469-0248

## For More Information

Please call or write

Financial: Rabbi Sholom Stock (203) 243-7765 E-mail: [office@campchomeish.com](mailto:office@campchomeish.com)

## For Camp Office Use Only

Deposit enclosed  Transportation fee  Medical  Emergency information  Scholarship  Income eligibility

Extras:  Laundry  1 Session  2 Session  PAID  
 Major Trip  1 Session  2 Session  PAID

BUNK: Child Bus #