



Ramah Day Camp in Nyack

CAMPER ENROLLMENT APPLICATION - SUMMER 2010

This application and a check for \$500 should be mailed to the winter address below.

WINTER OFFICE (September-May)
3080 Broadway, New York, NY 10027
Tel. 212-678-8884 • Fax 212-749-8251

SUMMER OFFICE (June-August)
P.O. Box 807, Nyack, NY 10960
Tel. 845-358-6240 • Fax 845-358-6284

ATTACH
CAMPER
PHOTO
HERE



DATE: _____

Name of Camper: _____
Last Name First Name Hebrew Name

Home Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Place of Birth: _____ Home Tel. #: _____

Child lives with: Both Parents _____ Mother _____ Father _____ Guardian _____

Name of Parents: (Father) _____ (Mother) _____

Cell Phone #: (Father) _____ (Mother) _____

E-mail: (Father) _____ (Mother) _____

Occupation: (Father) _____ (Mother) _____

Business Tel. #: (Father) _____ (Mother) _____

Emergency Contact Name: _____ Tel. #: _____

TUITION: (Does not include optional transportation)

(See enclosed TRANSPORTATION POLICY)

Full Session \$4,175 + \$200 Per Family
First Session \$2,600 + for
Second Session \$2,600 + Capital Improvement Fund*

Sibling reductions for each additional child:

\$100 on full session registrations
\$50 on first or second session registrations

ENTERING 6th, 7th & 8th GRADERS

An additional \$275 on full session registrations, \$225 for first session, or \$200 for second session registrations will be added to cover camping-touring trips. This charge will appear on the initial billing.

First session registrations may be extended for additional consecutive units of 5, 10 or 17 camp days. (See enclosed fee schedule.)

- I enclose a deposit of \$500, with the balance to be paid on or before April 1, 2010.
- After April 1, payment in full is required with this application.
- Visa or MasterCard will be accepted for total payment only, no later than December 17, 2009. Credit Card Authorization form is enclosed.
- Check if applicable: In addition, bill as indicated below for a voluntary contribution to the Ramah Day Camp Scholarship Fund, thus enabling all eligible campers, regardless of financial ability, to come to our camp.
_____ \$100 _____ \$200 _____ \$300 Other amount \$ _____

POLICY ON CANCELLATION CHARGES

Prior to Feb 1 - \$100 • Prior to May 3 - \$200 • After May 3 - \$500
(All cancellations must be in writing)

TRANSPORTATION CANCELLATIONS

after May 3 are subject to a \$100 per child cancellation fee.

_____ PLEASE ARRANGE CAMP TRANSPORTATION.

_____ I WILL ARRANGE MY OWN TRANSPORTATION.

*This voluntary contribution may be deductible as a charitable donation.

I hereby apply for the enrollment of my: Son _____ Daughter _____

- FULL SESSION June 28 - August 17
 FIRST SESSION June 28 - July 23
 SECOND SESSION July 26 - August 17
 5 WEEKS June 28 - July 30
 6 WEEKS June 28 - August 6

There is no camp on Monday, July 5.

In case of **medical emergency**, I hereby give permission to the physicians selected by the camp director to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for my child, as named above. Please note in such emergency cases, it is camp policy to make every effort to contact the parent in advance.

LIABILITY LIMITS OF CAMP RAMAH'S HEALTH AND ACCIDENT INSURANCE: In the event of an accident, all claims must be filed initially with your individual insurance carrier. The camp's insurance will cover deductibles and any other amounts not covered by your private insurance, up to a limit of \$1,000.

- I give my child permission to participate in all camp activities.
- I give permission for my child to attend all trips and special programs during the camp season.
- I understand that Camp Ramah is not responsible for the camper's personal property.
- I give permission for my child's likeness to be used in all camp publications and for video and audio publications, including web, video and audio.
- Parent represents to the camp that the camper is in sound physical and mental health and fully able to participate in all camp activities.
- Parent will supply camp with child's record of immunizations, a current medical form and proof of health insurance.
- I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this agreement shall be resolved exclusively by binding arbitration in Rockland County, New York to the then existing commercial rules of the American Arbitration Association and the substantive laws of New York State.
- I hereby give permission for my family's mailing address and phone number to be distributed to other camper families.

Signature of Parent or Guardian

OVER ➡

For office use only:

GRADE _____ FORMER CAMPER _____ T-SHIRT _____ SCHOOL _____
DATE RECEIVED _____ DEPOSIT RECEIVED \$ _____ TRANS _____

Ramah Day Camp in Nyack

Name of Camper _____

FAMILY SYNAGOGUE AFFILIATION

Synagogue: _____ Rabbi: _____

Address (include city and state): _____

FAMILY INFORMATION

Sibling Name(s) and birthdate(s): _____

Has your child attended Ramah Day Camp in Nyack before? _____ Year(s) _____

Has either parent attended Camp Ramah? _____ Which Ramah Camp? _____ Year(s) _____

JEWISH AND GENERAL EDUCATION

Name of public / private school currently attending: _____

Address (include city and state): _____

Grade to be **COMPLETED** in **JUNE 2010** _____

(Note: Starting in the 3rd grade, all campers must be enrolled in a program of Jewish studies.)

Name of religious school / Jewish day school: _____

Name of education director: _____

ADDITIONAL INFORMATION (Please answer every question asked below.)

Occasionally, parents do not provide important information about a child. This places the camp in a difficult position and the child at a great disadvantage. It is in everyone's best interest that you provide **specific information as requested below.**

1) Does your child have any food allergies and/or dietary restrictions? _____ NO _____ YES Please specify: _____

2) Does your child have any chronic illnesses or allergies? _____ NO _____ YES Please specify: _____

3) Is there any information about your child's abilities, habits and behavior of which we should be aware? _____ NO _____ YES
Please specify: _____

4) Is your child on any medicine for behavior modification? _____ NO _____ YES Please specify: _____

5) Is your child now, or has he/she recently been in therapy or under psychological guidance? _____ NO _____ YES
For what reason: _____

6) Is your child now, or has he/she recently been in a class or program for children with special needs or disabilities?
Does your child have a "shadow" for any part of his/her school program? _____ NO _____ YES Please describe: _____

7) Does your child have any physical or medical conditions which will impact on his/her program and activities at camp?
_____ NO _____ YES Please specify: _____

Your child's **T-SHIRT SIZE**:
(Sizes run small)

SMALL _____ (6 - 8)
LARGE _____ (14 - 16)

MEDIUM _____ (10 - 12)
ADULT _____ (SM, MED, LG)

Note: Please DO NOT indicate group requests on this application. A separate form will be sent to you in the spring.

Camp Ramah is licensed by the New York State Department of Health and is required to be inspected twice yearly.
The inspection reports concerning the camp are filed and may be seen in the camp office on any day when camp is in session.

Camp Ramah is open to all children who meet the criteria for admission without regard to race, color or national origin.