

**Camper Application - 2012**  
**Camper Information**

	Camper Name (first and last)	M/F	Date of Birth	AGE on June 28	School	Grade entering in Sept. 2012	Session desired (1, 2, or whole)*	T- Shirt Size	Does child receive NYC services in the summer**
1									
2									
3									
4									

\* Session 1: Thurs., June 28 – Wed., July 25    Session 2: Thurs., July 26 – Tues., August 21    Whole: full summer

\*\* If your child/ren receives NYC services during camp hours, please provide written documentation stating the therapist seeing your child/ren as well as the time at which your child will be seen.

Family Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 \_\_\_\_\_

Home Address: \_\_\_\_\_  
 \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Office Tel: \_\_\_\_\_

Office Tel: \_\_\_\_\_

Cell Tel: \_\_\_\_\_

Cell Tel: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status:     Married     Divorced /separated (for your child's protection, please provide a legal copy of the custodial arrangements)

Shul/Synagogue Affiliation \_\_\_\_\_

**Cholov Yisrael snack is available upon request. Please circle your preference.**

**Yes Cholov Yisrael    or    No thanks**

**Emergency Contact (In case we can't reach Mom or Dad)**

Contact #1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Tel. #: \_\_\_\_\_ Cell Tel. #: \_\_\_\_\_

Contact #2: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Cell Tel #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

If there is any other pertinent information you feel we should know about your child/ren, please feel free to share either below or on a separate piece of paper. Thank you!

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**By signing this form, I agree to the following terms and conditions:**

- \* Camp will provide medical-accident insurance, all program supplies, glatt kosher hot lunches, two daily snacks, and admissions and transportation for all trips.
- \* I grant permission for my child/ren to participate in all camp activities, including trips away from camp grounds (dates and destinations to be provided at a later date).
- \* All sessions with outside professionals (ie: OT / PT / tutoring, etc) must be coordinated by the professional with the camp office a minimum of one day before the services are to be provided. Camp will not be responsible for fees incurred from changes not coordinated with the camp office.
- \* I am enclosing the following for payment:
  - Deposit of **\$300 per child**.
  - Two checks for the balance of camp fees post-dated for **April 1, 2011** and **May 15, 2011** made payable to the Young Israel of Staten Island.
- \* I understand that if my application is not filled out completely or the required payments are not enclosed my application will not be processed and will be returned.
- \* I understand that an additional \$150 administrative fee will be assessed per camper for any registrations received after 5/31/11.
- \* I agree that my children may be photographed, and their pictures may be used in future camp promotional materials, including, but not limited to the brochure and the YISI website.
- \* I agree to the YISI Day Camp Refund Policy, as follows:
  - Refunds requested in writing prior to 5/01/12 will be granted with a \$50 administrative fee per camper.
  - Refunds requested in writing between 5/01/12 and 5/31/12 will be granted with a \$250 administrative fee per camper.
  - After 6/01/12 camp tuition is non-refundable.
  - There is no reduction or refunds of fees due to absence, illness or withdrawal from camp.
- \* No camper will be permitted into camp without all forms completed (including medical and application) and all financial obligations satisfied.
- \* If the Camper's conduct is harmful to the best interests of YISI Day Camp, the Camper may be dismissed at the sole discretion of the Director with no refund nor reduction of fee.
- \* In the event that YISI is forced to resort to legal means to collect any outstanding amount due, we agree that we are obligated to pay YISI's reasonable attorneys fees plus any cost of court incurred by YISI in the collection or enforcement of the debt owed.

Signature of parent _____ Date _____ Amount enclosed: Deposits _____ Amount enclosed: Post Dated Checks _____ <b>*** Application is not valid unless signed ***</b>
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**FOR OFFICE USE ONLY:**

**Comments:**  
Confirmation \_\_\_\_\_ Parent Packet \_\_\_\_\_ All fees received/arranged \_\_\_\_\_

**\*\*\* Please complete both sides of the Camper Application \*\*\***