

FAXES WILL NOT BE ACCEPTED OR PROCESSED



SLEEPAWAY APPLICATION

- Please fill out **both** pages of this application and **sign** page 2 of the application.
- As indicated below, the **Rebbe's home phone number is a must.**
- The **camp fee** (See 'Fees and Payments' in back) must be submitted along with the application.
- The **income eligibility form** for SFSP must be submitted along with the application, regardless of eligibility.
- The **camp's medical form must be signed by the doctor** (pg. 1), **and the parent** (pg. 2) and submitted by **May 1st**. Both pages 1 & 2 must be submitted together. **Partial submissions will NOT BE ACCEPTED.** PLEASE NOTE: Religious exemptions for measles vaccine are not allowed by N.Y. State law.
- Incomplete and unsigned applications as well as applications submitted without the appropriate fee will not be processed.
- Do not use this form for Day Camp.** 10th or 11th Graders who want jobs (i.e. waiter, j.c., lifeguard, etc.) must fill out this application as well as the 10th or 11th grade application for job.
- After we receive your application, you will **בגדה"י** be notified of your son's status of acceptance within a few weeks.

Full Summer	Thurs. June 25 - Weds. Aug. 19	❖ ג' תמוז - כ"ט אב	Visiting Days:
1 st Trip	Thurs. June 25 - Mon. July 20	❖ ג' תמוז - כ"ח תמוז (4 weeks, less 2 days)	July 5 ❖ י"ג תמוז
2 nd Trip	Tues. July 21 - Weds. Aug. 19	❖ כ"ט תמוז - כ"ט אב (4 weeks plus 2 days)	Aug 2 ❖ י"ב אב

DATE APPLYING _____ / _____ / _____

_____ Rabbi Mr. Dr. _____ Reb. Mrs. Dr.

LAST NAME FATHER'S NAME MOTHER'S NAME

ADDRESS CITY STATE ZIP CODE

HOME PHONE NO. FATHER CELLULAR NUMBER MOTHER CELLULAR NUMBER MARITAL STATUS FATHER'S SHUL NO. CHILDREN IN FAMILY

SUMMER ADDRESS SUMMER PHONE NO. EMERGENCY CONTACT: NAME / RELATIONSHIP / PHONE NUMBER

E-MAIL ADDRESS _____ HOW DO YOU PREFER TO RECEIVE CORRESPONDENCE? MAIL E-MAIL

CAMPER 1

CAMPER'S FIRST NAME (name he would like to be called) _____ DATE OF BIRTH ____/____/____ AGE _____

1st Trip 2nd Trip Full Summer
 APPLYING FOR (please check one)

YESHIVA _____ HEB. GRADE / ENG. GRADE _____ REBBE'S NAME _____ REBBE'S HOME PHONE NO. _____

CAMPER'S LEVEL OF LEARNING (check one) חומש חומש רש"י התחלת משניות משניות התחלת גמרא גמ' רש"י גמ' תוס' גמ' מפרשים

PRIVATE TUTORING REQUESTED (which subjects) _____ CHILD SPENT LAST SUMMER AT _____ SPECIAL INSTRUCTIONS (Medical, Allergies, Bedwetting or other) _____

CAMPER 2

CAMPER'S FIRST NAME (name he would like to be called) _____ DATE OF BIRTH ____/____/____ AGE _____

1st Trip 2nd Trip Full Summer
 APPLYING FOR (please check one)

YESHIVA _____ HEB. GRADE / ENG. GRADE _____ REBBE'S NAME _____ REBBE'S HOME PHONE NO. _____

CAMPER'S LEVEL OF LEARNING (check one) חומש חומש רש"י התחלת משניות משניות התחלת גמרא גמ' רש"י גמ' תוס' גמ' מפרשים

PRIVATE TUTORING REQUESTED (which subjects) _____ CHILD SPENT LAST SUMMER AT _____ SPECIAL INSTRUCTIONS (Medical, Allergies, Bedwetting or other) _____

CAMPER 3

CAMPER'S FIRST NAME (name he would like to be called) _____ DATE OF BIRTH ____/____/____ AGE _____

1st Trip 2nd Trip Full Summer
 APPLYING FOR (please check one)

YESHIVA _____ HEB. GRADE / ENG. GRADE _____ REBBE'S NAME _____ REBBE'S HOME PHONE NO. _____

CAMPER'S LEVEL OF LEARNING (check one) חומש חומש רש"י התחלת משניות משניות התחלת גמרא גמ' רש"י גמ' תוס' גמ' מפרשים

PRIVATE TUTORING REQUESTED (which subjects) _____ CHILD SPENT LAST SUMMER AT _____ SPECIAL INSTRUCTIONS (Medical, Allergies, Bedwetting or other) _____

(For eighth grade applicants) Mesivta applying to for the coming year _____

Please fill out **all** information and sign the agreement below. **No application will be accepted without a signature.**

Father's Occupation _____	Mother's Occupation _____
Firm Name _____	Firm Name _____
Business Address _____	Business Address _____
Business Telephone _____	Business Telephone _____

The following are the fees for 2019. These fees are all-inclusive with the exception of transportation, luggage and tips.

	Campers 4-7 th Grade	Mechina / Mesivta 8-11 th Grade
Full Summer	\$3,790.00	\$3,990.00
1 st Trip	\$1,850.00	\$1,990.00
2 nd Trip	\$1,990.00	\$2,100.00

Note: All checks must be paid with American dollars and must be drawn from an American bank.

PLEASE READ AND SIGN:

CONDITIONS OF ENROLLMENT

I wish to enroll my son(s) and we agree to abide by all camp rules and regulations as well as the following conditions:

FEES AND PAYMENTS

- Applications received on or before March 1st must be accompanied by a **minimum deposit of \$500.00 per camper.** (NO postdated checks for the deposit.) **Payment must be completed by May 15** (June 15 for 2nd half.)
- Applications received from March 1st through April 15th must be accompanied by a **minimum deposit of \$1,000.00** per camper (NO postdated checks for the deposit). **Payment must be completed by May 15** (June 15 for 2nd half.)
- Applications received after April 15 for first half (May 15 for second half) **must be accompanied by full payment.**
- **Applications without the full deposit will not be processed.**
- A \$25 fee will apply for bounced checks.
- **For credit card payment, see below.**
- Parents will be held responsible for any and all medical bills.
- **Important:** All parents are expected to follow the payment schedule above. Should a parent fail to pay after repeated billing and phone calls, camp will retain the services of a בית דין. Parents will be held responsible for all costs associated with collection of the camp fee. This includes but is not limited to all costs relating to בית דין, court fees, and a 20% of balance collection fee.

REFUND POLICY

- Entire deposit will be returned for cancellations before February 1, with the exception of a \$100 registration fee per child.
- Cancellation after February 1st and before April 1st will result in the loss of \$200.00 of each deposit.
- Cancellation after April 1st will result in the loss of the entire \$500.00 deposit. Cancellation after May 15, or June 15 for 2nd half campers, will result in the loss of the entire fee. **NO EXCEPTIONS**
- Any camper asked to leave camp during the summer will incur a minimum charge of \$500.00 plus a pro-rated fee for the time spent in camp. **Should he be asked to leave due to intolerable behavior (i.e. ניבול פה, drinking, smoking, vaping, etc.) the entire fee will be forfeited.**
- Late arrivals, early departures, absences, or failure to cancel will not result in a refund or credit.

TRIP AUTHORIZATION / HOLD HARMLESS AGREEMENT:

I have read the Conditions of Enrollment including the Fees and Payments and Refund Policy. I agree to abide by these policies. I hereby authorize Camp Toras Chaim Tashbar (hereinafter Camp) to take my child(ren) off Camp grounds to go on trips organized as part of the camping program. This may include swimming and/or boating sites. In addition, my child(ren) may participate in any on or off ground activity organized by Camp, including but not limited to land sports, aquatics activities, indoor activities, bicycling, hiking, cookouts, etc., and I assume the inherent risk of such activities and camp programs. I will hold Camp harmless in the event of injury or property damage or loss as a result of such activities. I also agree to abide by all rules and regulations as set forth in the camp application, in the information packet and to all rules set by the camp administration, before and during the camp sessions.



Parent's Signature _____ Date _____

CREDIT CARD

Please fill out all information: We accept **Visa & MasterCard only.** After the initial deduction of the deposit (see above), deductions will be made as follows: For 1st half we will deduct the balance due on **May 15.** For 2nd half, the balance will be deducted on **June 15.**

CREDIT CARD PAYMENT- PROCESSOR'S CHARGE: A processing fee of \$35 per half - \$70 for whole summer will be added to your camp fee if you choose to pay by credit card. For partial credit card payments a 2% fee will apply.

CREDIT CARD INFORMATION: VISA MASTERCARD CREDIT CARD # _____

NAME ON CARD _____ EXPIRATION DATE ____/____/____ SECURITY CODE _____

BILLING ADDRESS _____ ZIP CODE _____ AMOUNT TO DEDUCT AT REGISTRATION _____

By signing below I authorize Camp Tashbar to make credit card deductions according to the schedule specified above, unless I notify Camp otherwise in writing.

AUTHORIZED SIGNATURE _____