

CAMP YAVNEH APPLICATION 2008



MAIL WITH DEPOSIT TO:

Camp Yavneh Registration, 160 Herrick Road, Newton, MA 02459

Phone (617) 559 8860 • Fax (617) 559 8861 • info@campyavneh.org • www.campyavneh.org

You can also apply online at www.campyavneh.org/reg07.htm

FAMILY INFORMATION

PARENT 1

LAST _____

FIRST _____

HOME PHONE _____

WORK PHONE _____

CELL _____

EMAIL _____

OCCUPATION _____

EMPLOYER _____

RELATIONSHIP TO CAMPER _____

PARENT 2

LAST _____

FIRST _____

HOME PHONE _____

WORK PHONE _____

CELL _____

EMAIL _____

OCCUPATION _____

EMPLOYER _____

RELATIONSHIP TO CAMPER _____

ADDRESS 1

(CAMPER MAILING ADDRESS)

ADDRESS 2

(If parents are divorced or separated, enter second address here)

MARITAL STATUS

MARRIED DIVORCED SEPARATED

OTHER _____

WHICH ADDRESS WOULD YOU LIKE CAMP MAILINGS TO GO TO?

ADDRESS 1 ADDRESS 2 BOTH

OTHER _____

CAMP YAVNEH RELIES HEAVILY ON EMAIL COMMUNICATION.
PLEASE WRITE YOUR EMAIL ADDRESS AGAIN TO ENSURE THAT WE
HAVE IT ACCURATE

PARENT 1 _____

PARENT 2 _____

SYNAGOGUE AFFILIATION

SYNAGOGUE NAME _____

ADDRESS _____

ORTHODOX CONSERVATIVE REFORM NONE

OTHER (SPECIFY) _____

EMERGENCY CONTACT

(OTHER THAN PARENTS)

NAME _____

RELATIONSHIP _____

HOME PHONE _____

CELLULAR PHONE _____

WORK PHONE _____

WE HEREBY ENCLOSE A DEPOSIT IN THE AMOUNT OF:

\$600 per child

TOTAL ENCLOSED: _____

CHECK # _____

PLEASE SEND ME A SCHOLARSHIP FORM.

Scholarship is awarded based solely on financial need. Applications must be received before January 16, 2007. If you find the amount of scholarship is insufficient, you will be entitled to a full refund of your deposit.

SCHOLARSHIP FUND

Please indicate if you would like to make an optional tax deductible contribution to the Camp Yavneh Scholarship Fund. The charge will be added to your bill and you will receive written acknowledgement of your donation. We thank you in advance.

\$54 \$100 \$250 \$500

\$1,000 other _____

FOR OFFICE USE ONLY

DATE RECEIVED _____

DATE ENTERED _____

ACCEPTED

WAIT LISTED

CAMPER INFORMATION (Please duplicate if you have more than two campers)

CAMPER 1 (NEW TO CAMP YES NO)

NAME _____ DOB _____

GENDER MALE FEMALE CURRENT GRADE _____

SCHOOL NAME _____

RELIGIOUS SCHOOL NAME (IF APPLICABLE) _____

HEBREW COLLEGE PROZDOR STUDENT YES NO

CAMPER'S EMAIL _____

BAR/BAT MITZVAH DATE MONTH _____ DAY _____ YEAR _____

T-SHIRT SIZE: Youth Large Adult Small Adult Med Adult Large Adult X-L

REGISTER FOR: FULL SEASON SESSION I SESSION II
 KAYTANA I KAYTANA II KEREM

PLEASE BUNK MY CHILD WITH (LIST NO MORE THAN TWO NAMES):

NAME 1 _____

NAME 2 _____

HAS YOUR CHILD EVER ATTENDED ANOTHER OVERNIGHT CAMP? YES NO

IF YES, WHICH CAMP? _____

WHY ARE THEY NOT RETURNING? _____

CAMPER 2 (NEW TO CAMP YES NO)

NAME _____ DOB _____

GENDER MALE FEMALE CURRENT GRADE _____

SCHOOL NAME _____

RELIGIOUS SCHOOL NAME (IF APPLICABLE) _____

HEBREW COLLEGE PROZDOR STUDENT YES NO

CAMPER'S EMAIL _____

BAR/BAT MITZVAH DATE MONTH _____ DAY _____ YEAR _____

T-SHIRT SIZE: Youth Large Adult Small Adult Med Adult Large Adult X-L

REGISTER FOR: FULL SEASON SESSION I SESSION II
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PLEASE BUNK MY CHILD WITH (LIST NO MORE THAN TWO NAMES):

NAME 1 _____

NAME 2 _____

HAS YOUR CHILD EVER ATTENDED ANOTHER OVERNIGHT CAMP? YES NO

IF YES, WHICH CAMP? _____

WHY ARE THEY NOT RETURNING? _____

**PLEASE ATTACH A PICTURE
OF CAMPER 1 HERE!**

*(no application will be accepted
without a picture; clear color
copies will be accepted)*

**PLEASE ATTACH A PICTURE
OF CAMPER 2 HERE!**

*(no application will be accepted
without a picture; clear color
copies will be accepted)*

PARENT'S AGREEMENT

1. If this application is accepted, I agree to pay 50% of the total tuition by February 15th and the balance by April 15th. **If not paid by April 15th, a \$100 late fee will be added to my account.**
2. After February 15th, spaces will be held only for those families who have paid 50% of the total tuition. The deposit will not be refunded if your child is withdrawn for non-payment.
3. If this application is rejected, the full payment and/or deposit will be refunded.
4. I agree to abide by the Camp Yavneh's Cancellation Policy (see rates and dates box reverse).
5. I understand that camp fees do not include the cost of baggage shipment or camper transportation to and from camp.
6. I understand that Camp Yavneh is not responsible for any loss of personal property.
7. I give permission for my child's picture to be used for Camp Yavneh's publicity.
8. I understand Camp Yavneh uses Campmeds for campers taking prescription medicine. I further understand there will be a fee for this service. The use of Campmeds is required.
9. **In case of emergency, Camp Yavneh is hereby granted permission to secure any medical and surgical treatment and hospital service for the camper upon the advice and recommendation of our camp medical staff. I agree that I shall pay any extra expenses for medical service not covered by my health insurance.**

► SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

PLEASE RETAIN THIS PAGE FOR YOUR RECORDS

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SUMMER 2008 DATES AND RATES

SESSION	DATES	TUITION
Full Summer	June 24– August 14	\$6,450
Session I	June 24– July 20	\$3,600
Session II	July 20– August 14	\$3,600
Kaytana I <small>Two-week Program for First Time Campers</small>	June 24– July 6	\$1,800
Kaytana II <small>Two-week Program for First Time Campers</small>	July 20– August 3	\$1,800
Full Session Kerem (full) <small>CIT Program for past campers only!</small>	June 22– August 14	\$6,300

CANCELLATION POLICY

The following amounts will be forfeited for cancellations:

After January 2nd: full deposit

After March 1st: 50% of tuition

PLEASE NOTE: *Any changes in registration before January 2nd will be charged a \$75 administrative fee.*

NO REFUNDS WILL BE MADE FOR CANCELLATIONS AFTER MAY 15TH.