



Because Jewish wisdom can make a good family even better.

# CAMP JEWEL REGISTRATION FORM SUMMER 2009

Please fill out a separate form for each child enrolled

**Camper's Name:** \_\_\_\_\_  
Last First Middle Hebrew Name

**Address:** \_\_\_\_\_  
Street Address City Zip Code

**Home Phone:** ( ) \_\_\_\_\_ **Grade (as of Sept '09):** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Camper's Birthday:** / /  
dd/mm/yy

**Mother's Name:** \_\_\_\_\_  
Last First Middle Hebrew Name

**Address:** \_\_\_\_\_  
Street Address City Zip Code

**Home Phone:** ( ) \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_  
Last First Middle Hebrew Name

**Address:** \_\_\_\_\_  
Street Address City Zip Code

**Home Phone:** ( ) \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Mother's E-Mail Address:** \_\_\_\_\_ / **Father's E-Mail Address:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_  
Name Phone Number Relationship

**Emergency Action Authorization:**

**Physician's Name:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Dentist's Name:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

- I hereby authorize the supervising person present to grant approval to administer First Aid and/or take my child to a physician or hospital for emergency treatment in the event it appears necessary.
- I hereby release the congregation and all the people associated with this program from any liability whether joint or several for injury and/or damages arising out of/or as a result of any child's participation in this program.

**Signatures of Parent(s) or Guardian(s):**  
\_\_\_\_\_  
Date: \_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_

*Please let us know who referred you:* \_\_\_\_\_

# CAMP JEWEL FAMILY INFO FORM SUMMER 2009

Please fill out a separate form for each child enrolled

In order to best serve your child and family, as well as tend to their legal responsibilities, please complete this form in full, if applicable. Fill in every blank and return this form with your registration forms. All information is treated with confidentiality.

1. Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_
  
2. Mother's Name and Address (If different than registration form): \_\_\_\_\_  
\_\_\_\_\_
  
3. Father's Name and Address (If different than registration form): \_\_\_\_\_  
\_\_\_\_\_
  
4. Are the Parents     Married                     Separated                     Divorced
  
5. Does one parent have custody? \_\_\_\_\_                    If yes, which one? \_\_\_\_\_
  
6. Who is/are the legal guardian(s): \_\_\_\_\_
  
7. Is a parent NOT permitted to pick up the child(ren) from camp? \_\_\_\_\_
  
8. If other than parent, name a person(s) with whom the child(ren) live(s) \_\_\_\_\_
  
9. Other information that may be helpful regarding your child(ren) and the family situation: (Please use the back of this sheet if you need more room) \_\_\_\_\_  
\_\_\_\_\_
  
10. PLEASE LET US KNOW IF YOUR CHILD HAS ANY **ALLERGIES** OR **HEALTH** CONCERNS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signatures of Parent(s) or Guardian(s):**  
\_\_\_\_\_  
\_\_\_\_\_

# CAMP JEWEL PAYMENT WORKSHEET SUMMER 2009

**Names:** Parent 1: \_\_\_\_\_  
Parent 2: \_\_\_\_\_

**Children Attending Camp:**

Child 1: \_\_\_\_\_ Age: \_\_\_\_\_

Circle Weeks: 6/29-7/3, 7/6-10, 7/13-17, 7/20-24, 7/27-7/31, 8/3-8/7 \_\_\_\_\_ # of weeks X \$125 = \_\_\_\_\_

Child 2: \_\_\_\_\_ Age: \_\_\_\_\_

Circle Weeks: 6/29-7/3, 7/6-10, 7/13-17, 7/20-24, 7/27-7/31, 8/3-8/7 \_\_\_\_\_ # of weeks X \$125 = \_\_\_\_\_

Child 3: \_\_\_\_\_ Age: \_\_\_\_\_

Circle Weeks: 6/29-7/3, 7/6-10, 7/13-17, 7/20-24, 7/27-7/31, 8/3-8/7 \_\_\_\_\_ # of weeks X \$125 = \_\_\_\_\_

Child 4: \_\_\_\_\_ Age: \_\_\_\_\_

Circle Weeks: 6/29-7/3, 7/6-10, 7/13-17, 7/20-24, 7/27-7/31, 8/3-8/7 \_\_\_\_\_ # of weeks X \$125 = \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

\*Sibling Discount (Deduct 10%): \_\_\_\_\_

*\*Applies to families with more than one child enrolled in CAMP JEWEL. 10% discount per family, not per child.*

\*Swimming Supplement - \$25/week (campers ages 7-10) \_\_\_\_\_

**AMOUNT DUE:** \_\_\_\_\_

**TOTAL ENCLOSED:** \_\_\_\_\_

**BALANCE DUE:** \_\_\_\_\_

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Please make all checks out to CAMP JEWEL.

Please send forms and payments to this address and NOT the physical address:

**Camp JEWEL**  
**PO Box 798**  
**Olney, MD 20832**

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