

CAMP MENORAH

A day camp for boys & girls ages 3 – 16 located on the scenic shores of Lake Chebacco in Essex

Mailing Address: 3 Bessom Street, #158, Marblehead, MA 01945 Phone: 781-631-8081 Fax: 781-479-0754

Camper Enrollment Application – please print clearly:

Child's Name: _____

Has child attended Camp Menorah before? Yes No

Billing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____

Sex: M F Birth date: _____ Grade as of Fall 2011: _____

Siblings Attending Camp Menorah in 2011: _____

Medical Insurance Company: _____ Policy: _____

Parent's Marital Status: Married Single Divorced Separated Widowed

Parent / Guardian (first to contact):

Parent / Guardian (second to contact):

Name: _____

Name: _____

Occupation: _____

Occupation: _____

Daytime Phone: _____

Daytime Phone: _____

Cell Phone: _____

Cell Phone: _____

E-Mail: _____

E-Mail: _____

A 2-week minimum registration is required. A camper may attend from 2 to 8 weeks.

Please register my child for (check all weeks that apply):

Regular Camper

1. June 27 – July 1

5. July 25 - July 29

LIT (entering 9th grade)

2. *July 5 - July 8

6. August 1 - August 5

CIT (entering 10th grade)

3. July 11 - July 15

7. August 8 - August 12

*Camp closed July 4

4. July 18 - July 22

8. August 15 - August 19

Preschool Campers: Five Full Days Five Half Days (AM only) Three Full Days Three Half Days (AM only)

FISHING CAMP

July 18 - July 22 (Ages 7 and up: \$360 plus \$35 bus fee)

KAYAK & CANOE CAMP

August 8 - August 12 (Ages 9 and up: \$385 plus \$35 bus fee)

DRAMA CAMP

July 25 - July 29 & August 1 - August 5 (Ages 7 and up: \$670 plus \$70 bus fee)

Emergency Contact (other than above): _____

Daytime Phone: _____ Cell Phone: _____

Busing: I will use camp busing. I will drive my child to camp.

Please group my child with: _____

Special Needs: _____ (Allergies or Dietary Restrictions, please use medical forms)

A non-refundable deposit of \$295 for each camper must accompany this application. After May 15, 2011, applications must be accompanied by payment in full. A Camp Medical Form must be submitted prior to each child's beginning camp. It must be based on an examination performed in the last year.

In order to help campers in need, we are asking that you consider making a voluntary, tax deductible contribution to the Camp Menorah scholarship fund of: \$36 \$50 \$75 \$100 Other: \$_____ Thank you!

I have read the above and understand the camp's policies on registration. I agree to be responsible for the payment of all fees due by May 15, 2011. I understand the camp staff will do their best to contact me should a medical or other emergency occur. However, should circumstances prevent them from doing so, by signing below I authorize the Camp staff to render and/or obtain medical care as they deem appropriate. I further agree and hold harmless the Camp from all liability in connection with or related to my child's attendance at Camp and participation in Camp activities. I understand that the Camp expects each child to be covered by medical insurance. I authorize Camp Menorah to use still or video photographs of my child for publicity purposes in print or on the Camp Menorah website. Parents may request copies of background check, health care, and disciplinary policies.

Parent Signature: _____ Print Name: _____ Date: _____