

# 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 Office Phone: 781-631-8081

## 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 2010: \_\_\_\_\_

Siblings Attending Camp Menorah in 2010: \_\_\_\_\_

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):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Regular Camper                        | <input type="checkbox"/> 1. June 28 – July 2  | <input type="checkbox"/> 5. July 26 - July 30     |
| <input type="checkbox"/> LIT (entering 9 <sup>th</sup> grade)  | <input type="checkbox"/> 2. *July 6 - July 9  | <input type="checkbox"/> 6. August 2 - August 6   |
| <input type="checkbox"/> CIT (entering 10 <sup>th</sup> grade) | <input type="checkbox"/> 3. July 12 - July 16 | <input type="checkbox"/> 7. August 9 - August 13  |
| *Camp closed July 5  | <input type="checkbox"/> 4. July 19 - July 23 | <input type="checkbox"/> 8. August 16 - August 20 |

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

- |                       |   |
|-----------------------|---|
| <b>FISHING CAMP</b>   | <input type="checkbox"/> July 19 - July 23 (Ages 7 and up: \$360 plus \$32 bus fee)                       |
| <b>ADVENTURE CAMP</b> | <input type="checkbox"/> August 9 - August 13 (Ages 7 and up: \$385 plus \$32 bus fee)                    |
| <b>DRAMA CAMP</b>     | <input type="checkbox"/> July 26 - July 30 & August 2 - August 6 (Ages 7 and up: \$660 plus \$64 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 \$285 for each camper must accompany this application. After May 15, 2010, 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:  \$25  \$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, 2010. 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: \_\_\_\_\_