

APPLICATION FOR ADMISSION
Camp Young Judaea

Amherst, New Hampshire

www.cyj.org

I wish to enroll my: Son Daughter
 at CYJ for (please check off one box):

Season Wednesday June 27 to Thursday August 15, 2012 (Full summer, seven weeks)

\$6295 plus \$500 camp fee (\$6795)

First session Wednesday June 27 to Sunday July 23, 2012

\$3500 plus \$250 camp fee (\$3750)

Second session Monday July 24 to Thursday August 15, 2012

\$3300 plus \$250 camp fee (\$3550)

A tuition deposit of \$1,000 must accompany this application: Please see page three for payment info

Camper's Name _____ **CURRENT School Grade (2-9)** _____
Last First Middle

Date of Birth _____ Age on July 1, 2012 (ages 8-15) _____ Current School _____

Has applicant been a camper at CYJ before? Yes No What years? _____ Last year's Bunk # _____

Has applicant attended any other overnight camps? Yes No Camp Name _____ What years? _____

If yes, why is camper not returning to previous camp attended? _____

Are there any family, behavioral, social, academic, religious, medical or special circumstances that we need to be aware of to ensure your child has a positive summer experience? Yes No *Please note that this information is strictly confidential and will be treated with care.* (If yes, please provide us with further info here or feel free to call us or email us).

With whom does the camper reside? Both parents, same residence Household 1 (please describe) _____

Household 2 (please describe) _____ Other (please describe) _____

If parents don't live together, to what address should we mail or email camp information?

Only Household 1 Only Household 2 Both Other (name and address) _____

If parents don't live together, to what address should we mail or email invoices?

Only Household 1 Only Household 2 Both Other (name and address) _____

HOUSEHOLD 1 INFORMATION

Parent(s) or Guardian(s) first and last name(s) _____

Street Address _____ Home phone _____

City _____ State _____ Zip Code _____

Cell Phone 1 _____ Cell Phone 2/work phone _____

Email 1 _____ Email 2/work email) _____

HOUSEHOLD 2 INFORMATION (if applicable; if not, please write "NA")

Parent(s) or Guardian(s) first and last name(s) _____

Street Address _____ Home phone _____

City _____ State _____ Zip Code _____

Cell Phone _____ Cell Phone 2/work phone _____

Email _____ Email 2/work email _____



A NON-PROFIT ORGANIZATION



BUNKMATE AND BED REQUEST

We request that our child share cabin with _____

If more than one name is listed, the FIRST NAME listed will be considered the primary request. Bunk assignment is at the discretion of the camp director. Requests will be honored where possible. New campers do not need to list a request!!

If you or your child has a bed preference (upper or lower), please list it here. Any camper who wants a lower bed will receive one as long as you let us know by May 15, 2012. We cannot guarantee upper bed assignments but we will do our best to honor your request! If your child has a LEGITIMATE medical reason why they must sleep in an upper bed, please forward a doctor's note with specific information about the child's medical condition no later than May 15, 2012. Please note that we cannot accept any requests for bed location or placement within the cabin. Call us or email us if you have specific questions regarding upper or lower bed assignments.

MY CHILD PREFERS: Upper bed Lower bed No preference

OTHER INFORMATION

Names of any other family members currently attending CYJ _____

Names of any relatives who attended CYJ in the past _____

Is your family currently affiliated with a temple, havurah or other group? Yes No Name _____

New Families Only: How did you hear about CYJ? Check all that apply: Word of Mouth Newspaper Ad Camp Fair Friends Family Who referred you? _____ Took a Tour (tour guide's name, if you recall) _____

PARENT'S OR GUARDIAN'S AGREEMENT

Please read carefully, sign below and make a copy of all forms for your records

We cannot register campers without the full non-refundable deposit, unless prior arrangements have been made with the director. There are no tuition deductions or refunds for campers who come late, leave early, leave for any time period due to medical or reasons, or are asked to leave or are dismissed from CYJ for disciplinary or other reasons. The director reserves the right to send home any camper whose influence or actions are considered harmful or who will not follow camp rules or policies. We reserve the right to send home any camper who arrives at camp with pre-existing injuries, medical or mental health issues which have not been documented prior to arrival or if these conditions adversely affect regular camp operations, other campers or staff.

Balance of the camp tuition and camp fee MUST be paid no later than April 1, 2012. Unless the account is paid by April 1, the reservation can be cancelled and money refunded minus a registration and office fee of \$1,000. On all cancellations, there will be a \$1,000 mandatory charge. Changing from full season to one session after December 1 will result in a \$500 additional fee.

*The camp fee of \$250 per session is required to cover laundry, trips, insurance and yearbook. When parents or other designated guardians arrive to pick up at the end of the session, they must first pay the child's canteen bill, which will include canteen purchases, special trips, prescription medication (if necessary), and other charges. We only accept cash or a personal check; payment must be made before leaving camp. If campers leave by plane or bus, payment is due no later than 10 days after departure.

Included in the camp fee is mandatory camper accident medical coverage insurance, with a maximum coverage of \$2,500 per accident. Please note that our medical coverage DOES NOT COVER any medical condition which existed prior to admittance to camp or sickness/illness and dental problems occurring at camp. Bills for med-

ical expenses (sickness/illness, dental or orthodontia) while enrolled at camp will be directly forwarded to the child's parents for prompt payment by you or your insurance carrier. All campers must provide proof of personal health and accident insurance, including up-to-date vaccinations; we MUST have a copy of your medical insurance card no later than June 1, 2012. A health examination form must be completed by a licensed physician or nurse practitioner as per requirements of the State of New Hampshire. The form must be submitted to us prior to the opening of camp.

Visiting Day (for season campers only) will be held on Sunday July 23, 2012, beginning at 12 noon. Season campers MUST be back in camp no later than 4 p.m. that day. Alternate visiting time is available for divorced parents only. If the child's parents are unable to come on Visiting Day, parents must choose a friend or relative who will visit; if these visitors plan to take the child out of camp we must have written permission from the parents. No other visits to campers are allowed during camp.

By signing this form, you give permission for pictures taken of your child at camp or on trips to be used in promotional or marketing literature, articles, Web sites or videos associated with the camp or camping industry. You also certify that as parent or legal guardian of the camper, the camper has your permission to participate in all Camp Young Judaea activities this summer without limitation, unless otherwise specified by a physician,

Prospective parents often ask for names of current camp families. Current families sometimes want contact information to send Bar and Bat Mitzvah invitations. Please check the box if you do NOT want us to share your contact info with prospective families or current families.

Do not share my information with prospective parents.

By my signature I will comply with the above agreement

Signed _____

Date _____

Parent or Guardian

CYJ 2012 PAYMENT INFORMATION

Camper Name (first and last) _____

FULL SEASON: Wednesday, June 27, 2012 to Thursday, August 15, 2012
FIRST SESSION: Wednesday, June 27, 2012 to Sunday, July 23, 2011
SECOND SESSION: Monday, July 24, 2012 to Thursday, August 15, 2012

CAMP YOUNG JUDAEA 2011 TUITION OPTIONS

Choose One	Session	Deposit	Tuition	Camp Fee	Total
<input type="radio"/>	Season	\$1000	\$6295	\$500	\$6795
<input type="radio"/>	First Session	\$1000	\$3500	\$250	\$3750
<input type="radio"/>	Second Session	\$1000	\$3300	\$250	\$3550

PLEASE NOTE, ALL DEPOSITS ARE NON-REFUNDABLE

Method of Payment: (\$1,000 deposit required for each camper enrolled)

- Check (must be received within one week of registration, made out to "CYJ" or "Camp Young Judaea" and sent to: 22 Priscilla Circle, Wellesley MA 02481)
- Credit Card Type of Card (please check one): Visa Mastercard Discover

Name on Credit Card: _____

Billing Address: _____

Credit Card Number:

Amount to be charged: _____ (Maximum \$1,000)

Credit Card Expiration: Month: _____ Year: _____

CSV Code: _____ (Three digit code on the back of card)

Your Signature: _____ Date: _____

FIRST-TIME CAMP FAMILIES OR NEW SIBLINGS OF CURRENT CAMPERS:

- I am planning to apply for the Foundation for Jewish Camping's \$1,000 incentive grant
(Please check www.onehappycamper.org to register and see if you live in an area that qualifies!!)
- I am planning to apply to another program for a grant or scholarship (please specify) _____