

CAMP ASHREINU
508 Churchill Road
Teaneck, New Jersey 07666
(201) 568-3191

B”H

CAMP ASHREINU APPLICATION FORM

CHILD’S NAME:

ADDRESS:

CURRENT SCHOOL

SCHOOL ATTENDING 2017-

2018

PARENTS NAMES:

MARITAL STATUS

SIBLINGS’ NAMES AND

AGES

PHONE #:

CELL/BEEPER #:

EMAIL ADDRESS

WORK #S:

DATE OF BIRTH

(m/d/year born):

DOCTOR: _____

DOCTOR PHONE #: _____

ALLERGIES: _____

ADDITIONAL

(please provide any info that would be helpful for your child's transition)

INFORMATION:

CIRCLE ONE: I am interested in the 3's 4's 5's program for my child for the summer of 2017.

EMERGENCY PHONE NUMBERS

(Please include name, number and relationship)

1. _____
2. _____
3. _____

Please provide any other relevant information about your child, which may assist in an easier transition for your child, on the bottom of the page.

A \$250 deposit is due upon submission of this application and sent to the above address. The deposit is refundable until December 1, 2016 and is then **non-refundable** at that point. An additional \$500 is due on January 15, 2017 and is **non-refundable** at that point. The full tuition is due no later than April 1, 2017 and is **non-refundable** at that point.

By signing this application, the undersigned acknowledges that he or she understands that the deposit paid to Camp Ashreinu is non-refundable after December 1, 2016.

Parent's signature

Date