



SUMMER 2017 TRAVEL CAMP

This summer's program is a one month long traveling camp featuring an exciting mix of camping, hiking, and sightseeing at some of the most beautiful natural wonders in the Northeastern United States and Canada. The camp will travel through New Hampshire, Vermont, Maine and Nova Scotia, Canada. Highlights will include several exciting activities such as ocean kayaking, mountain biking and the like, Shabbosim with Shluchim and a two-day workshop at the Interinclusion Retreat Center with Rabbi Asher & Mrs. Sara Crispe. *[note: itinerary is projected as such but is subject to change]*

Registration Information

- Program Dates: July 2 – July 31
- In order to be considered for participation the following items must be submitted
 - Completed & signed registration form
 - Completed & signed medical form
 - Full payment or payment plan including head checks or credit card information submitted by June 9
- If there is any medical situation, such as asthma, medications, etc. please notify our office /staff
- Parents are responsible for any medical bills or other expenses incurred by their child
- While we will do our utmost to ensure the safety of your child's belongings, we cannot be held responsible for anything lost or stolen. (Please do not send along any valuable items.)
- Fireworks and other dangerous items will NOT be permitted. Camping knives are permitted, but will be confiscated if used inappropriately
- Spending money is left up to your discretion

Tuition Information

- Tuition \$1,800
- Full payment or payment plan including head checks or credit card information submitted by June 10
- Requests for scholarship will only be considered upon submission of a completed *Scholarship Request Form*
- No payment will be refunded if a participant is sent home (i.e. for misbehavior) before the end of the session.
- In the event that a participant leaves prior to the end of the session, no refund will be made, unless it is in the program director's judgment that such departure is necessary due to illness or other cause. In this event, a refund may be made not exceeding 70% of the unused balance of the program fees paid.

Suggested Packing List

- | | | |
|--------------------------------------|---|-----------------------------|
| • 10 pairs socks | • Bathing suit | • Soap & soap case |
| • 8 undershirts | • 2 tzizis | • Shampoo |
| • 8 under shorts | • Hat or cap | • Toothbrush & case |
| • 4-5 shirts | • Shoes | • Toothpaste |
| • 3-4 pairs of pants | • Sneakers (or comfortable walking shoes) | • Deodorant |
| • 1 Shabbos outfit | • 2 Bath towels | • Duffel bag and a backpack |
| • Warm jacket, sweater or sweatshirt | • Pillow(s) | • Flashlight |
| • Rain poncho | • Warm sleeping bag | • Siddur |
| • Pajamas | • Laundry bag | |


SUMMER 2017 APPLICATION FORM

Participant Information:

_____	_____	_____
Last Name	Given Name(s)	Hebrew Name(s)
_____	_____	_____
Home Address	City	State Zip
_____	_____	_____
Country	Home Phone	Cell Phone
_____	_____	_____
Email	Social Security Number	Date of Birth (MM/DD/YYYY)
Status in the U.S.: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Needs Student Visa <input type="checkbox"/> Other		

Parent Information:

_____	_____	_____
Father's Name	Father's Phone	Father's Email
_____	_____	_____
Mother's Name	Mother's Phone	Mother's Email
_____	_____	_____
Parent Address (if different from above)	City	State Zip
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		

TUITION CONTRACT

Tuition for Summer 2017 is \$1,800. Tuition must be paid in full or a payment plan (head checks / credit card information) must be agreed upon by June 9, 2017. Scholarship requests will only be considered with a completed Scholarship Request Form.

I, _____ hereby enroll my child, _____, as a participant of the Bais Menachem Youth Development Program 2017 Summer Program. I have read and agree to the rules above and give my child permission to partake in all the programs and activities therein. I agree to pay \$1,800 for my child's enrollment.

_____	_____
Parent/Guardian Signature	Date

Payment Plan (required):

<input type="checkbox"/> Check(s) enclosed – 4 equal payments maximum	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover
<input type="checkbox"/> Credit Card – full payment	Card Number: _____
<input type="checkbox"/> Credit Card – 4 payments (on the ____ of the month)	Expiration: ____/____ Security Code: _____


MEDICAL CONSENT & INFORMATION FORM

_____ Name of Participant	_____ Social Security Number	_____ Date of Birth (MM/DD/YYYY)
_____ Health Insurance Provider	_____ Group Number	_____ Member ID Number
_____ Family Physician	_____ Address	_____ Phone
_____ Emergency Contact	_____ Daytime Phone	_____ Mobile Phone

Please list any medical conditions including allergies (food, medicine, other), asthma, health conditions, chronic illness, psychological conditions, etc.:

I hereby authorize Bais Menachem Youth Development Program, via its staff or appointed agent, to obtain proper medical attention for my child in case of an emergency, as determined by competent medical practitioners. I accept responsibility to pay all bills associated with any medical treatment my child may receive that may not be covered by his health insurance policy.

 Parent/Guardian Signature

 Date

**PASTE A COPY OF
THE MEDICAL
INSURANCE CARD
HERE.**

**I DO NOT HAVE
MEDICAL INSURANCE**

**PASTE A COPY
OF THE BACK OF
YOUR MEDICAL
INSURANCE CARD
HERE.**

**PASTE A COPY OF
THE FRONT OF YOUR
PRESCRIPTION DRUG
CARD HERE.**

**MY MEDICAL &
DRUG COVERAGE IS
THE SAME**

**I DO NOT HAVE
DRUG COVERAGE**