



## SUMMER 2018 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 Smokey Mountains & the Great Lakes. Shabbosim will be spent with Shluchim along the way.

### Registration Information

- The trip will begin on or around June 25/26 and last three to four weeks
- 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
- 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 must be submitted in advance
- 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 2018 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 2018 is \$1,800. Tuition must be paid in full or a payment plan (head checks / credit card information) must be agreed upon and submitted in advance. 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 2018 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