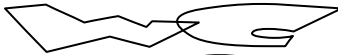


B"H

FLWDC's



# Winter Camp

UNDER THE AUSPICES OF

Bris Avrohom of Fair Lawn – Your Local Chabad House

30-02 Fair Lawn Ave. Fair Lawn, NJ 07410

Ph. (201)-773-3180 Fax (201)-791-6120

[www.FairLawnCamp.com](http://www.FairLawnCamp.com) ~ E-Mail [info@fairlawncamp.com](mailto:info@fairlawncamp.com)



*Please complete all the information requested, incomplete forms will not be accepted. All information is kept strictly confidential.*

Family Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Father** Name \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Email \_\_\_\_\_

**Mother** Name \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Email \_\_\_\_\_

**Parents are:** Married Widowed Divorced Separated. **Child lives with:** Mother Father Both Other \_\_\_\_\_

Referred by (Where did you hear about us?) \_\_\_\_\_

Synagogue or Hebrew School affiliation \_\_\_\_\_

## CHILDREN BEING ENROLLED

CHILD'S NAME	HEBREW NAME	D.O.B	HEBREW B-DAY (if known)	AGE	Male Female	GRADE	SCHOOL	REGISTRATION (please check off)
					M F			<input type="checkbox"/> Whole Week <input type="checkbox"/> Daily <i>If daily, please circle which days</i> W Th F M T W
					M F			<input type="checkbox"/> Whole Week <input type="checkbox"/> Daily <i>If daily, please circle which days</i> W Th F M T W
					M F			<input type="checkbox"/> Whole Week <input type="checkbox"/> Daily <i>If daily, please circle which days</i> W Th F M T W
					M F			<input type="checkbox"/> Whole Week <input type="checkbox"/> Daily <i>If daily, please circle which days</i> W Th F M T W

Comments/ special needs or anything you feel we should know about:

\_\_\_\_\_  
\_\_\_\_\_

PREFERS TO BE IN A GROUP WITH: (YOU MAY LIST 3 FRIENDS AND WE WILL TRY TO ACCOMMODATE, NO GUARANTEES.)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

**OVER**

## Camp-Parent Agreement

1. It is NJ state law that a completed enrollment and medical form be returned to the Camp Office prior to the beginning of camp, otherwise your child cannot be permitted into camp. We cannot make any exceptions.

2. Full tuition is due before December 24, 2008

I have read and understood the agreement, completed the forms, and agree to all the terms stated.

I give my child/ren permission to attend all camp trips.

I allow my child/ren to be in camp photos & video and I allow videos and pictures of my child/ren to be used both on the organization's website and in print.

\_\_\_\_\_  
*(Signature of Parent/Guardian)*

\_\_\_\_\_  
*(Date)*