

B"H

WINTER CAMP 2012

Please complete the following form and send it, along with your payment, to
The Chai Center- 501 Vanderbilt Pkwy, Dix Hills, NY 11746.
February 20-24, 2012

CHILD'S NAME 1: _____ M/F: _____
Birthdate: ____/____/____ Age: _____ Grade: _____

CHILD'S NAME 2: _____ M/F: _____
Birthdate: ____/____/____ Age: _____ Grade: _____

Father's Name: _____ Contact Phone Number: _____
Mother's Name: _____ Contact Phone Number: _____

Address: _____ City: _____ Zip: _____
Home phone: _____ E-mail: _____

Emergency Contact Information:
Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

Please specify any medical conditions or allergies: _____

Doctor's Name: _____ Phone Number: _____

__ I authorize The Chai Center, in case of emergency, to have my child(ren) taken care of
by a physician in any way the situation may warrant.

__ I further give permission for my child(ren) to be transported on all trips for the duration of
the winter camp session of 2012.

Parent's Signature: _____ Date: _____

<p><u>Payment:</u></p> <p>__ Free, Signed up for Summer Camp</p> <p>Member: __ \$200</p> <p>Non Member: __ \$250</p> <p>Pre-payment Required.</p>

Please enclose check or credit card information:
Credit Card #: _____ Exp. Date: _____
Credit Card type: _____