



CHAZAK

DAY CAMP

For Chazak Boys Only

Learning Placement Questionnaire

The requested information will help ensure your child’s proper placement in our learning program. Please complete a separate form for each camper enrolled. Thank you for your cooperation.

Name: _____ **Age:** _____

Attending Chazak Day Camp: ___ **July** ___ **August** ___ **Full Summer**

Grade level completed by this June _____

School currently attending _____

Academic level, as of June (check one only)

___ **Alef Bais** ___ **Siddur** ___ **Chumash** ___ **Chumash/rashi**

___ **Mishna** ___ **Gemorah** ___ **Gemorah/Rashi** ___ **Gemorah/Tosfos**

Rebbi’s name and phone number: _____

Fill out this section if applicable.

Does your child participate in any education or support program for his Hebrew studies?

Please detail deficits, disabilities or other factors that require your child to receive instruction

Out of the traditional classroom environment:
