

Mailing Address

147-37 70th Road
Flushing NY, 11367
(718) 261-1872

 
Rabbi Ophie Nat,
Director



Family Name: _____

REGISTRATION FORM – SUMMER 2024

Please print clearly

Check if address is **not** the same for busing

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ Home Phone: _____

Father's Name: _____ Cell Phone: _____

Occupation / Employer: _____ Business Phone: _____

Mother's Name: _____ Cell Phone: _____

Occupation / Employer: _____ Business Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Camper's Name	Date of Birth	Boy or Girl	School Attending	School Attending Next Year	Present Grade	1st Half 6/27/24- 7/19/24	2nd Half 7/22/24- 8/16/24	Full Summer 6/27/24- 8/16/24
If possible, please place my child with: (provide 1-2 full names)								
If possible, please place my child with: (provide 1-2 full names)								
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TRANSPORTATION INFORMATION If different than above:

Address: _____

Cross Streets: _____ nearest major roadway: _____

For Office Use Only- Application Date: ____ / ____ / ____ Total Price: _____

Deposit: _____ Balance: _____

Camper's Name	Does your child have IEP or 504 Plan? Classification?	Does your child have SEIT or SETSS? If so how many hours a week?	Is your child eligible for his/her services 10 months or 12 months a year?	Does your child have/ has had a shadow?
Does your child have/has had: Occupational or Physical Therapy, Speech counseling (psychologist, psychiatrist, social worker, school counselor, etc) Please specify why he/she received these services:				
Does your child have any difficulties that may make a camp setting challenging for him/her? Please specify.				
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CAMP SESSION DATES

Full Summer : Thursday, June 27, 2024 - Friday, August 16, 2024
1st Half: Thursday, June 27, 2024 - Friday, July 19, 2024
2nd Half: Monday, July 22, 2024 - Friday, August 16, 2024

Camp Fee Schedule*

		EARLY BIRD REGISTRATION (Before Jan 15th) (Jan 16th to March 15th)		REG. REGISTRATION
Boys from going into Pre-1A to going into 4th And Girls from going into Pre-1A to going into 5th	Full Summer	\$2,100	\$2,225	\$2,300
	2 or more children	\$1,975	\$2,150	\$2,225
Boys from going into Pre-1A to going into 4th And Girls from going into Pre-1A to going into 5th	1st Half or 2nd Half (only)	\$1,300	\$1,375	\$1,425
	2 or more children	\$1,175	\$1,325	\$1,375
Boys from going into 5th to going into 8th And Girls from going into 6th to going into 8th	Full Summer	\$2,150	\$2,325	\$2,400
	2 or more children	\$2,025	\$2,250	\$2,325
Boys from going into 5th to going into 8th And Girls from going into 6th to going into 8th	1st Half or 2nd Half (only)	\$1,335	\$1,475	\$1,525
	2 or more children	\$1,275	\$1,425	\$1,475

*Camp fee schedule includes bussing for campers in the Queens area only. There is a **minimum registration of 2 weeks** per camper at a rate of \$900 for younger child or \$1000 for older child per 2 weeks.

** Chazak Special: \$9000 (integrated program for children with special needs)

Please read carefully and sign and date below:

1. Complete this application form in full and return with a **non refundable and non transferrable** Registration Fee of \$500 **per camper!** Deposit is not refundable for *any* reason including but not limited to: Cancellation by either the Applicant or the Camp, closure due to COVID-19 or any other natural or un-natural causes.
2. I hereby authorize Chazak Day Camp to speak to my child/ren's school/s or therapists regarding any IEP's, therapy or any special considerations including but not limited to shadows, SEIT's, and therapists
3. Applications will not be processed without the Registration Fee and a signed application. Post-dated checks **WILL NOT** be accepted. We are not responsible for any checks in our possession that was deposited earlier than the date on the check. All associated fees will be applied to the customer.
4. Remaining balance is due in full and must be paid by May 1st; after May 1st all new applications must include full payment. **Any payment made within 10 business days before the start of camp must be made in cash as there is no longer time for checks to clear.**
5. There is a \$40 fee for any bounced check.
6. There will be a \$150 per half (\$300 for full summer) surcharge for meals that will be waived if a summer lunch form is completed **by June 1st**, irrespective of qualification.
7. **There is no reduction or refund due to absence, illness or withdrawals.**
8. Any additional children or any extensions will be charged based on the payment scale at the time of addition or extension. Additionally, after April 1st any changes made concerning camp dates are subject to a \$100 service fee.
9. The Board of Health requires that a current medical check-up form for each camper be on file with the camp office prior to the start of camp. Completed medical forms must be submitted prior to June 1st.
10. Chazak Day Camp reserves the right to use all pictures and/or videos taken during the summer for publicity purposes.
11. Any items left in camp at dismissal on the last day of camp are considered heffer.
12. In the event of a cancellation, the following procedures are in effect:
 - A. Before May 1st, all camp fees will be refundable except for the \$500 Registration Fee per camper.
 - B. After May 1st, no refunds will be made.

I hereby authorize the Chazak Day Camp staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible. I hereby authorize my Child's school to release my child's USDA eligibility status to Chazak Day Camp.

MEDICAL INFORMATION (please fill out completely):

Physician: _____ Phone: _____

May your child be given Tylenol or equivalent analgesic medication? Yes: _____ No: _____

Please indicate whether your child has any allergies or takes any medications: _____

Signature: _____ Date: _____

***** Please make sure to place your signature on this form. *****