Mailing Address
147-37 70th Road
Flushing NY, 11367
(718) 261-1872
Rabbi Ophie Nat,
Director

Family Name: _____

REGISTRATION FORM – SUMMER 2026

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 6/25/26-7/17/26	2nd Half 7/20/26-8/14/26	Full Summer 6/25/26-8/14/26
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:_____

***** Please make sure to place your signature on the last page of this form. *****

Camper's Name	Does you child have IEP or 504 Plan? Classification?	Does your child have SEIT or SETSS? If so how many hours a week?	Is your child eligibile 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 25, 2026 – Friday, August 14, 2026
1st Half:	Thursday, June 25, 2026 – Friday, July 17, 2026
2nd Half:	Monday, July 20, 2026 – Friday, August 14, 2026

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	$2,500	$2,625	$2,700
	2 or more children	$2,375	$2,550	$2,625
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)	$1,500	$1,575	$1,625
	2 or more children	$1,375	$1,525	$1,575
Boys from going into **5th** to going into **8th** **And** **Girls** from going into **6th** to going into **8th**	Full Summer	$2,550	$2,725	$2,800
	2 or more children	$2,425	$2,650	$2,725
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)	$1,535	$1,675	$1,725
	2 or more children	$1,475	$1,625	$1,725

*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 $1025 for younger child or $1250 for older child per 2 weeks.
** Chazak Special: $9650 (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 $600 **per camper**! Deposit is not refundable for *any* reason including but not limited to: Cancelation by either the Applicant or the Camp, closure due to COVID-19 or any other natural or un-natural causes.
2. I herby 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 is no reduction or refund due to absence, illness or withdrawals**.
7. 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.
8. 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.
9. Chazak Day Camp reserves the right to use all pictures and/or videos taken during the summer for publicity purposes.
10. Any items left in camp at dismissal on the last day of camp are considered hefker.
11. 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 $600 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. ***