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# Achim

## Camper Registration Form 2017

Please complete both forms in entirety  
Grades 1-4

Camper's name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email address \_\_\_\_\_ Home Phone \_\_\_\_\_

Birthday \_\_\_\_\_ Current Grade \_\_\_\_\_

Parents or Legal Guardian \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
(Father)

\_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
(Mother)

Allergies \_\_\_\_\_

For up to date camp information, I wish to be contacted by:

text (cell): \_\_\_\_\_ email: \_\_\_\_\_

In case of emergency:

Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Medical insurance information - Please include company and policy #.  
\_\_\_\_\_

Favorite Activities / Special Talents: \_\_\_\_\_

Please include anything else you feel we should know:  
\_\_\_\_\_

I hereby give permission for my son, \_\_\_\_\_, to participate in all Achim Day Camp activities. I understand that Bais Yisroel and Achim Day Camp will not be held liable for any injuries, accidents, or misunderstandings. I understand the Achim Day Camp has a caring and responsible staff whose goal is to give my son a fun, safe, and entertaining summer.

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(turn over for second side)

# Fees & Payment Information

Grades 1-4 Camp Fee: \$560 ~ 4 Weeks / \$840 ~ 6 Weeks

\*Early Bird Special: Register by April 30, 2017

Grades 1-4 \$500 ~ 4 Weeks / \$750 ~ 6 Weeks

**Camp T-Shirt: (circle one)**

**Child size: S M L / Adult size: S M L**

T - Shirt \$ 10 \_\_\_\_\_ Paid

Registration Fee \$25 \_\_\_\_\_ Paid

*Please Check Off Weeks Attending:*

Trip 1:

\_\_ Week 1: (July 3- 7) \$ \_\_\_\_\_ Paid

\_\_ Week 2: (July 10 - 14) \$ \_\_\_\_\_ Paid

\_\_ Week 3: (July 17-21) \$ \_\_\_\_\_ Paid

\_\_ Week 4: (July 24- 28) \$ \_\_\_\_\_ Paid

Trip 2:

\_\_ Week 5 (July 31 - Aug 4) \$ \_\_\_\_\_ Paid

\_\_ Week 6 (Aug 7 - Aug. 11) \$ \_\_\_\_\_ Paid

PAYMENT IS BY THE COMPLETE WEEK ONLY!

Registrations are accepted with payment ONLY. Please enclose checks or a credit card for the entire season attending.

Cancellations or changes to your summer plans will NOT be refunded.

**I, understand and accept this policy.**

**Enclosed please find the camp fee and \$35 registration fee.**

Parent's signature: \_\_\_\_\_

Note: Please complete a separate form for each camper.

*If choosing to pay by credit card please fill out the information below:*

Name: \_\_\_\_\_

Billing Address for Credit Card: \_\_\_\_\_

Credit card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Cw # \_\_\_\_\_ Amount being charged: \$ \_\_\_\_\_

Please return registration forms or email the forms to [ashiradaycamp@gmail.com](mailto:ashiradaycamp@gmail.com)

Camp Ashira

c/o Congregation Bais Yisroel

4221 Sunset Blvd.

St. Louis Park, MN 55416