

CAMP S.T.E.P. 2019 REGISTRATION

A leader in the orthodox day camp experience, now in its 38th year of providing quality education and recreation in a Torah environment, announces the beginning of registration for the summer of 2019.

Session I July 8 - July 26 Session II July 29 - August 16

Campers may opt to attend on a weekly basis.

'Out of town' trip weeks MUST be accompanied by the preceding or following 'non-trip' week.

Our program is geared towards each individual camper's ability and age.

Trips to various areas of interest, sports activities, art & crafts, swimming (indoor and outdoor) and overnights are arranged accordingly. Experienced Rebbeim and teachers teach educational classes.

All fees include daily hot lunches, snacks and insurance. Space is limited.

CAMP S.T.E.P. 2019

- A. K'tan Tan Division** **Ages 3, 4, 5, 6 July 8 - August 16 Times: 9:30 A.M. - 3:15 P.M. (Fri. 2:00 P.M.)**
\$105 per week register before June 6th : \$130 per week register after June 7th
 NOTE: All K'tan Tan campers MUST BE TOILET TRAINED in order to attend summer camp.
- B. Girls Division** **Grades 1 - 6 July 8 - August 16 Times: 9:30 A.M. - 3:15 P.M. (Fri. 2:00 P.M.)**
\$148 per week register before June 6th : \$173 per week register after June 7th
- C. Boys Junior Division** **Grades 1 - 3 July 8 - August 16 Times: 9:30 A.M. - 3:15 P.M. (Fri. 2:00 P.M.)**
\$148 per week register before June 6th : \$173 per week register after June 7th
- D. Boys Senior Division** **Grades 4 - 6 July 8 - August 16 Times: 9:30 A.M. - 3:30 P.M. (Fri. 2:15 P.M.)**
 at Yavne *\$148* per week register before June 6th : \$173* per week register after June 7th*
 *PLEASE ADD \$80 FOR WEEK 2 TO COVER OVERNIGHT COACH BUS FARE!

***NEW* 7th Grade:**



For more information contact Rabbi C. Dessler
desslerc@hac1.org

- **\$40 DISCOUNTS FOR FULL SUMMER REGISTRATION OF EACH ADDITIONAL CHILD IN ANY DIVISION EXCEPT FOR K'TAN TAN, IF PAYMENT IS PAID IN FULL BEFORE JUNE 6TH. (THERE ARE NO PARTIAL WEEKS!)**
- **ALL OVER NIGHT TRIP MONIES MUST BE PAID IN ADVANCE OF TRIP DAY. POST-DATED CHECKS ACCEPTED.**
- **POST-DATED CHECKS ACCEPTED DATED NO LATER THEN 8/31/2019**
- **SPECIAL NOTE: ALL REGISTRATIONS ARE FINAL. NO REFUNDS CAN BE PROVIDED.**
- If paying by credit card, an additional charge of \$4.00 per week, per child will be assessed.

**For more information,
 please call,
 Rabbi Hillel Drazin, Director
 (216) 321-5838 ext. 176**

CAMP S.T.E.P. 2019 REGISTRATION FORM

Please enroll my child (ren) listed below in the **Summer Torah Enrichment Program** for the 2019 Camp Season.

Name _____	Grade (Completed) / (Age) _____	Weeks 1 2 3 4 5 6 ALL (please circle)
Date of Birth ____ / ____ / ____ (M/F)	School _____	Amount \$ _____
Name _____	Grade (Completed) / (Age) _____	Weeks 1 2 3 4 5 6 ALL (please circle)
Date of Birth ____ / ____ / ____ (M/F)	School _____	Amount \$ _____
Name _____	Grade (Completed) / (Age) _____	Weeks 1 2 3 4 5 6 ALL (please circle)
Date of Birth ____ / ____ / ____ (M/F)	School _____	Amount \$ _____
Name _____	Grade (Completed) / (Age) _____	Weeks 1 2 3 4 5 6 ALL (please circle)
Date of Birth ____ / ____ / ____ (M/F)	School _____	Amount \$ _____

(THERE ARE NO PARTIAL WEEKS!)

Total Amount Due \$ _____ **

Parent / Guardian's Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone # (____) _____ Cell Phone # (____) _____ Bus. Phone # (____) _____

If camper (s) will be residing with anyone other than parent during camp please provide:

Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone # (____) _____ Cell Phone # (____) _____ Bus. Phone # (____) _____

In the event reasonable attempts to contact me at _____ or _____ at _____
(phone number) (other parent or guardian) (phone number)
 have been unsuccessful, I hereby give my consent for the administration of medical treatment deemed necessary by _____, or in the event the designated preferred practitioner is not available, by _____
(preferred dentist . preferred doctor)
 another licensed physician, and the transfer of the child to _____ or any hospital reasonably accessible.
(preferred hospital)
 This authorization does not cover major surgery unless the medical opinions of two other licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Any trip week must be accompanied by a non-trip week.

****All applications must be accompanied by (post-dated) checks or credit card information completed below. Overnight trip fees must accompany the camp registration to reserve a seat. If the trip fee is not sent with the registration a space on the bus can not be guaranteed.**

****Registrations must be accompanied with payment, post-dated checks, or credit card authorization. We regret that we can not accept registration from those families whose tuition balances are not resolved.**

_____ **CVV** _____
 Credit Card Number (Discover, MasterCard, VISA) Expiration Date

 Name on card (Please PRINT) Signature

SIGNATURE

DATE