

SUMMER TEEN CHECKLIST – FINAL FORMS

To secure your spot, please submit this form within three weeks of acceptance to the program or two weeks before the program, whichever comes first. Once you've booked your travel arrangements please notify us by email teens@jewishuncamp.org. We look forward to seeing you this summer!

Confirm the following:

- I completed the Online Application.
- The \$50 online Application Fee has been paid.
- A teacher, employer or friend has submitted a recommendation letter.
- I was interviewed and accepted.

Complete the following:

- Consent Form – complete with all applicable parent and teen signatures
- Email your digital photo to teens@jewishuncamp.org
- Payment information
- Medical Form signed by a doctor
- Medical Insurance Form with copies of the front and back of your medical insurance card

Please mail the forms and attachments to:

Bais Chana Women International/Un-Camp
383 Kingston Avenue, Suite 248
Brooklyn, NY 11213-4333

If you have any questions call our office at 718.604.0088 or email teens@jewishuncamp.org

BAIS CHANA/JEWISH UN-CAMP CONSENT FORM

Name of Applicant _____

PARENT/GUARDIAN CONSENT

- I permit my daughter _____ to go on all bussed trips. _____ *(Please initial)*
- I give permission for Bais Chana Women International to sign as legal guardian on waivers for activities that require a parent's signature. (Biking, boating, etc.) _____ *(Please initial)*
- I give permission for pictures or videos taken of my daughter to be used for promotional purposes. _____ *(Please initial)*

Does your daughter have any special dietary needs? Restrictions on activities?

Does your daughter have any allergies, including penicillin?

Will your daughter be taking any medication while attending this program? If so, please provide all information about dosages.

APPLICANT'S AGREEMENT

Bais Chana is a smoke-free, drug-free and alcohol-free environment. Sign below to indicate you agree to follow Bais Chana house rules and safety rules for activities and trips.

Teen's Signature _____ Date _____

PAYMENT INFORMATION

Pay by check or by credit card. You must contact our office to request deferred payment, 718.604.0088.

RATES

Registration Fee: \$50 (must be paid with online application)

Program Fee: \$2200

Bais Chana Scholarship Application extended deadline is May 22, 2009.

PAYMENT AGREEMENT**Full Payment Now**

- The total is included in a current check or money order.
- Online credit card payment was made on _____ (date) in the amount of \$_____.
- Charge credit card now. Card No. _____ Exp. Date _____
- Amount: \$_____ Security code _____ Card Holder's Email _____
- Name on Card _____ Card Holder's Telephone _____

Deferred Payment (you must contact our New York office to arrange payments, 718.604.0088)

- The first payment is included in a current check or money order. The balance is included as post-dated checks over ___ months.
- The first payment has been paid online _____ (date) in the amount of \$_____.
Please charge the balance over ___ months to the same credit card.
- Charge the first payment to my credit card now in the amount of _____. Please charge the balance over ___ months.
- Card No. _____ Exp. Date _____
- Amount: \$_____ Security code _____ Card Holder's Email _____
- Name on Card _____ Card Holder's Telephone _____

Scholarship

- My daughter has received a Scholarship from Bais Chana, reducing fees to _____.
- My daughter has received a Scholarship from _____ (name source) in the amount of _____. Please describe how you have arranged with our New York office to pay the balance. Use the deferred payment section above to detail payments by check or credit card.
- _____
- _____

Signature of Parent or Guardian _____ **Date** _____

Print Parent or Guardian Name _____ **Daytime Telephone ()** _____

Cell Phone () _____ **Evening Telephone ()** _____

To be completed by physician

MEDICAL FORM

Name _____ Date of Birth _____ Tel _____

Address _____ City _____ State _____ Zip _____

1. Significant Medical History (chronic illness or disorder, asthma or asthma-related, recent hospitalization, handicap, etc.):

2. List any allergies, including Penicillin _____

3. Currently under a Physician's care? If so, explain _____

4. Taking any Medications? If so, please list here or on a separate page, if necessary.

5. Any restrictions to activities? _____

Physician's Name _____ Address _____

City _____ State _____ Zip _____ Telephone (____) _____

Physician's Signature _____ Date _____

Office use only:

MEDICAL INSURANCE FORM

In case of emergency we need your daughter's health insurance policy name and numbers *and* a copy of the health insurance cards. If you do not have medical insurance we recommend purchasing one month of travelers insurance.

Health Insurance (include subscriber's name, policy name, and all appropriate policy numbers):

IMPORTANT: Attach a front and back copy of your child's health insurance card (s).

With my signature below I authorize Bais Chana to obtain emergency medical treatment for my child, should the need, G-d forbid, arise. In the event my Health Insurance coverage is invalid, responsibility for payment will be assumed by the parent or guardian.

Signature of Parent of Guardian _____ **Date** _____