

## 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](mailto: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](mailto: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
- Current Immunization Record

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](mailto:teens@jewishuncamp.org)

Name of Applicant \_\_\_\_\_

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## BAIS CHANA/JEWISH UN-CAMP CONSENT FORM

### 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?

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Does your daughter have any allergies, including penicillin?

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

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### 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 \_\_\_\_\_

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Name of Applicant \_\_\_\_\_

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## PAYMENT INFORMATION

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

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### RATES

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

Program Fee: \$2400

Bais Chana Scholarship Application deadline is May 3, 2010.

### 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 (\_\_\_\_) \_\_\_\_\_

Name of Applicant \_\_\_\_\_

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*To be completed by physician*

**MEDICAL FORM\***

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Tel \_\_\_\_\_

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

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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? If so, please list. \_\_\_\_\_

\_\_\_\_\_

**\* Please make sure to attach current immunization records.**

Physician's Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Office use only:

Name of Applicant \_\_\_\_\_

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## 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):

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**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 \_\_\_\_\_