

## 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@baischana.org](mailto:teens@baischana.org). We look forward to seeing you this summer!*

### Confirm the following:

- I completed the Online Application in the teen section of [www.baischana.org](http://www.baischana.org).
- 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:

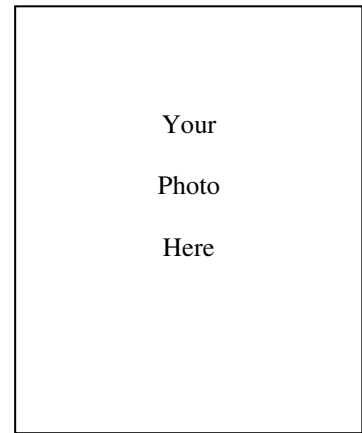
- Consent Form – complete with all applicable parent and teen signatures
- Attach your photo or email your digital photo to [teens@baischana.org](mailto:teens@baischana.org).
- Payment information
- Medical Form signed by a doctor
- Medical Insurance Form with copies of the front and back of your medical insurance card

Please mail the forms and attachments to:

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

If you have any questions call our office at 718.604.0088 or email [teens@baischana.org](mailto:teens@baischana.org)

# BAIS CHANA TEENS 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 for any special 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, what kind?

---

---

## APPLICANT'S AGREEMENT

Bais Chana is 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 if deferred payment is necessary, 718.604.0088.

---

**RATES**

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

Program Fee: \$2050

Apply by April 30, 2008 for a \$150 discount off the program fee.

Bais Chana Scholarship Application deadline is May 15, 2008.

**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 \_\_\_\_\_
- Name on Card \_\_\_\_\_ Card Holder's Telephone \_\_\_\_\_ Card Holder's Email \_\_\_\_\_

**Deferred Payment**

- Half of the program fee is included in a current check or money order. The other half is included as post-dated checks
- Half of the program fee has been paid online \_\_\_\_\_ (date) in the amount of \$\_\_\_\_\_.
- Please charge the balance over 6 months.
- Charge half of the program fee to my credit card now. Please charge the balance over 6 months.
- Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ Amount: \$\_\_\_\_\_ Security code \_\_\_\_\_
- Name on Card \_\_\_\_\_ Card Holder's Telephone \_\_\_\_\_ Card Holder's Email \_\_\_\_\_

**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 the New York office to pay the balance.
- \_\_\_\_\_
- \_\_\_\_\_

**Financial Assistance**

- My daughter has received financial assistance in the amount of \_\_\_\_\_. Our balance is \_\_\_\_\_.
- Please describe how you have arranged with the New York office to pay the balance.
- \_\_\_\_\_
- \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Parent or Guardian Name \_\_\_\_\_ Daytime Telephone (\_\_\_\_) \_\_\_\_\_

Cell Phone or Beeper (\_\_\_\_) \_\_\_\_\_ 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, 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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) below:

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 Health Insurance coverage is invalid, responsibility for payment will be assumed by the parent or guardian.

Signature of Parent of Guardian \_\_\_\_\_ Date \_\_\_\_\_