

TEEN CHECKLIST – FINAL FORMS

To secure your spot, please submit this form at least two weeks before the program starts. Once you've booked your travel arrangements please notify us by email teens@baischana.org.

We look forward to seeing you at Bais Chana!

Confirm the following:

I completed the Online Application in the teen section of www.baischana.org.

I applied to (check one)

East: Nov 24-26, 2006 (Thanksgiving weekend) in Morristown, NJ

West: Feb 15-19, 2007 (Presidents' weekend) in Running Springs, CA

The \$50 online Application Fee has been paid.

A teacher, employer or adult friend has submitted a recommendation letter.

I've been accepted.

Complete the following:

Consent Form – complete with all applicable parent and teen signatures

Attach your photo

Payment Agreement

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

BAIS CHANA TEENS CONSENT FORM



Name of Applicant _____

PARENT/GUARDIAN CONSENT

- I permit my daughter _____ to go on all bussed trips. _____ *(Please sign)*
- 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 sign)*
- I give permission for pictures or videos taken of my daughter to be used for promotional purposes. _____ *(Please sign)*

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

Bais Chana East Nov 24-26, 2006 - Rosenhaus Family Estate, Morristown, NJ

Program Fee: \$170 for one; or \$155 each for sisters or friends who register together

Apply by Oct 24, 2006 for a 10% discount off the program fee.

Bais Chana West Feb 15-19, 2007 - Running Springs, CA

Program Fee: \$430 for one; or \$415 each for sisters or friends who register together

Apply by Jan 15, 2007 for a 10% discount off the program fee.

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 Full Scholarship from Bais Chana.
- My daughter has received a Partial Scholarship from Bais Chana.
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 (____) _____

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

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 _____