



REGISTRATION FORM 2024

973.365.1380 | 242 High Street, Passaic, NJ 07055
 Rabbi A. Kaplinsky, Director 551.206.3395

Parents Names: _____ (Last) _____ (Father's) _____ (Mother's)

Address: _____ **Zip:** _____

Primary Email: 1. _____ @ _____ 2. _____ @ _____

Home Number: _____

Father Cell: _____ **Mother Cell:** _____

	Camper2	Camper 3
Name		
Yeshiva		
Grade (current)		
Rebbe (must fill in)		
Camp Term - Fill in: → Full / 1st half / 2nd half		
English Birthday		
Friend(s) Request <small>*bunks are based on class unless otherwise noted</small>		
Allergies/Special Medical Supplies/ Instructions:		

Pre 1A Campers REFERRAL

I referred a new Pre1Aer

1. _____

2. _____

NEW PRE1A CAMPER:

I was referred by, list 1 family and their #

I ATTENDED

Open House

Bubble Machine

1-2 Graders (current)

I attended the Open House

- Current 6/7th grader: Sweatshirt size (youth sizes, circle) XS S M L XL (before January 15)
- Current Grades 3-7: T-shirt size (youth sizes, circle) XS S M L XL (before March 20)

In Case of Emergency Please Call: (other than your home/cell)

Name: _____ Cell Phone: _____ Relationship: _____

Name: _____ Cell Phone: _____ Relationship: _____

Doctor: _____ Phone #: _____

Insurance: _____ ID #: _____

Dentist: _____ Phone #: _____

Dental Insurance: _____ ID #: _____

MEDICINES Over the Counter (OTC) may at times need to be administered if the camper's parents or guardians indicate approval. (ex: Tylenol, Motrin, Benadryl for allergy relief, Sunscreen, Hydrocortisone ointment for skin irritations and Ointments for minor wound care, first aid - Antiseptic, anti-itch, anti-sting, antibiotic, sunburn)

Unless we have parental/guardian/or physician's authorization, we cannot administer ANY OTC medications.

I PERMIT my child to have OTC medicines I DO NOT allow my child to be given any OTC medicines

A health form is required for each child as mandated by the Dept. of Health

In case of emergency, illness, or injury, I hereby authorize Nofesh medical staff, others acting under his or their direction, any doctor and hospital which my child(ren) may be brought to, and whomever they designate as their assistants, to perform an emergency procedure or operation, to give treatment injections, and/or administer any anesthetics to my child(ren). All pertinent medical information has been written on this application form. I authorize the school nurse to release any necessary information on the school health forms that are needed for the Nofesh summer program. When feasible, a parent or emergency contact will be contacted first. My child(ren) may be given the following non-prescription medications.

All payment(s). If you register without postdated checks, you are not eligible for the early bird rate. When you register and sign the application, you are legally and halachically responsible to pay Camp Nofesh for all the weeks on the application and Camp Nofesh will not refund any money.

I have read and agree to all Nofesh policies (both sides of this application and the pricing sheet).

Signature: _____ **Date:** _____

Please fill out your official address completely, including the zip code.

Please submit your application, medical form(s) and payment(s) directly to 242 High Street, Passaic, NJ 07055.

To contact Mrs. Goldman (Bookkeeper), please email agoldman@campnofesh.com or call 973-365-1380.

Nofesh assumes NO responsibility for forms, payments, applications, etc. given to anyone else, EVEN CAMP STAFF, ADMINISTRATION, OR THE DAYCAMP CAMPUS OFFICE, EVEN DURING CAMP HOURS! Late applications will only be accepted for a subsequent week. Details are on the separate pricing sheet. A Checklist is included for your convenience.

PERSONAL BELONGINGS

Nofesh cannot assume any responsibility for personal belongings lost, damaged, or stolen during the summer season.

Please label any personal items or clothing, to assist the staff to arrange their return. Any personal belongings left on campus, on buses, at pools or fields, or on trips, will probably be discarded. Any items left anywhere after hours may be considered ownerless, and possibly be discarded.

WAIVER OF LIABILITY

I HEREBY AUTHORIZE AND PERMIT CAMP NOFESH TO TAKE MY CHILD OFF CAMPGROUNDS

to go to any pools or fields and to go on trips organized as part of the camp program.

IN ADDITION, MY CHILD MAY PARTICIPATE IN ANY ACTIVITY ORGANIZED BY CAMP NOFESH, and I assume the inherent risk of all activities and camp programs.

I WILL HOLD CAMP NOFESH AND/OR ITS REPRESENTATIVES HARMLESS IN THE EVENTS OF INJURY OR PROPERTY DAMAGE OR LOSS AS A RESULT OF SUCH ACTIVITIES.

I AM AWARE THAT PHOTOS AND VIDEOS MAY BE TAKEN OF MY CHILD DURING THE DAY at Camp Nofesh and during off site activities. I am aware that these pictures may be posted on the Camp Nofesh website or used in the ads or brochures. The pictures will be used for advertising, illustrating, and promoting camp activities.

Signature: _____ Date: _____

REGISTRATION CHECKLIST

- Sign both pages of completed registration form

- Medical form, one for each camper: MUST have campers **HEBREW NAME** (spelled in English) added and parents name and telephone # on medical form. (You can register without the medical form and send it in as soon as possible. Please note, if we do not receive it by June 1, it will hold up your pre-camp mailing.) Fax directly to 973-928-8155. Please keep a copy for your records. Medical form must include immunization and be **within 18 months of August 15, 2024.**

- Sign waiver

- Send in \$500 per child plus post dated checks (6/16/24) for balance.

- Send in \$100 security fee (per family) with registration form.

- Pre-camp mailing with schedules are mailed out in the beginning of June. Any missing data will hold up your pre-camp mailing.

- THE EARLY REGISTRATION PRICING DISCOUNTS APPLY ONLY FOR APPLICATIONS THAT ARE COMPLETELY READY FOR PROCESSING