



CAMP MORASHA

Winter: 1118 Avenue J · Brooklyn, NY 11230 · (718) 252-9696 · Fax 718-252-7369 · www.campmorasha.com
Summer: 274 High Lake Rd · Lakewood, PA 18439 (570) 798-2781 Fax 570-798-2966



KOLLEL APPLICATION

Please check appropriate boxes:

- | | |
|---|---|
| <input type="checkbox"/> High School Kollel | <input type="checkbox"/> Full Summer |
| <input type="checkbox"/> Mesivta HS Kollel | <input type="checkbox"/> First Session |
| <input type="checkbox"/> College Kollel | <input type="checkbox"/> Second Session |

Name of Applicant _____ Telephone () _____
Print last First

Date _____ Applicant e-mail _____ Parent e-mail _____

Home Address _____
Number and Street City State Zip Code

Date of Birth _____ Place of Birth _____ Parent Cell Phone () _____
Month/Day/Year

Current School/Yeshiva _____ Present Grade _____ H.S. Graduated From _____
If applicable

Name of Current Rebbe _____ Rebbe's Telephone _____

Yeshiva attended in Israel: _____ Name of Rebbe: _____

Previous Summer Experience: 2008 _____ 2009 _____

Family Status Married Divorced Widowed With whom does the child live (explain) _____

Name of Parents (Father) _____	Mother _____ <small>Maiden Name</small>
Occupation _____	Occupation _____
Business Address _____	Business Address _____
Business Telephone () _____	Business Telephone () _____
Summer Address _____	Summer Address _____

Medical insurance plan _____ Policy # _____

Pharmacy insurance plan _____ Policy # _____

Name of Family Physician _____ Telephone () _____

Address _____
Number and Street City State Zip Code

For the College Kollel, a non-refundable registration fee of \$400 for a Full Summer or \$250 for Half Summer is required to validate this application.

For the High School Kollels, a deposit of \$500 (which includes a non-refundable registration fee of \$350) is required to validate this application. 50% of the tuition is due on Dec. 15th with the balance due on March 15th.

Registration fee will be refunded only if the applicant is not accepted by the Camp Management..

I authorize the camp to take my child out of camp on canoe and supervised trips and activities and to photograph my child, alone or in groups, which photographs may be used for promotional literature.

Registration fees include transportation between NYC & camp, laundry, and Accident Insurance .

In the event of cancellation, or if a camper is sent home due to behavior issues, the camp reserves the right to impose a penalty. I understand that Camp Morasha, while it will take all reasonable precaution to eliminate the risk of loss or damage to camper's personal property, is not to be held financially responsible if such loss or damage should occur.

All medication bills must be submitted to your healthcare plan; whatever is not will be paid by our secondary health plan. Note: Make sure to send a photocopy of your Insurance Pharmacy card. In case of medical emergency, I hereby authorize the Camp Director or the physician selected by him to order whatever medical or surgical treatment he deems necessary for my child.

SIGNATURE OF APPLICANT _____ **PARENT'S SIGNATURE** _____
(If under 21 years old)

This application, together with your deposit should be sent to the Camp Office.
Check must be made payable to **CAMP MORASHA**, 1118 Avenue J, Brooklyn NY 11230

DATE:

DEPOSIT: