

# CAMP MORASHA

## APPLICATION FOR ENROLLMENT

**WINTER ADDRESS:** 1118 AVENUE J, BROOKLYN N.Y. 11230  
**SUMMER ADDRESS:** 274 HIGH LAKE ROAD LAKEWOOD, PA, 18439  
**PHONE:** (718) 252-9696  
**FAX:** (718) 252-7369  
**E-MAIL:** OFFICE@CAMPMORASHA.COM  
**WEB:** WWW.CAMPMORASHA.COM



PLEASE CHECK APPROPRIATE BOX:

- FULL SUMMER  
 FIRST SESSION  
 SECOND SESSION

### CAMPER

NAME OF APPLICANT PRINT \_\_\_\_\_ HOME TEL. ( ) \_\_\_\_\_  
Last First

APPLICANT E-MAIL \_\_\_\_\_ PARENT E-MAIL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
Number & Street City State Zip Code

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_  
Month/Day/Year

FATHER'S CELL # ( ) \_\_\_\_\_ MOTHER'S CELL # ( ) \_\_\_\_\_

SCHOOL NOW ATTENDING \_\_\_\_\_ **PRESENT GRADE** \_\_\_\_\_

GRADUATED FROM (FOR HS/ELEMENTARY SCHOOL STUDENTS) \_\_\_\_\_

FAMILY STATUS  MARRIED  DIVORCED  WIDOWED

WITH WHOM DOES THE CHILD LIVE (EXPLAIN) \_\_\_\_\_

MEDICAL INSURANCE PLAN \_\_\_\_\_ POLICY # \_\_\_\_\_

PHARMACY INSURANCE PLAN \_\_\_\_\_ POLICY # \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_ OCCUPATION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ BUSINESS ADDRESS \_\_\_\_\_

BUSINESS TELEPHONE ( ) \_\_\_\_\_ BUSINESS TELEPHONE ( ) \_\_\_\_\_

SUMMER ADDRESS \_\_\_\_\_ SUMMER ADDRESS \_\_\_\_\_

NAME OF FAMILY PHYSICIAN \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Number & Street City State Zip Code

CAMP ATTENDED 2009 \_\_\_\_\_ 2008 \_\_\_\_\_ 2007 \_\_\_\_\_

A deposit of **\$800.00** which includes a **non-refundable** registration fee of \$400.00 is required to validate this application. Registration fee will be refunded only if the applicant is **not** accepted by the Camp Management. Deposit minus the registration fee will be refunded if written notice of cancellation is received by **December 15**. After that time we reserve the right to hold the entire deposit.  
 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. If a copy of your Pharmacy card, medical form, or payment is not received in our office by May 1, you will not receive your bus boarding card and your bunk assignment.  
 We reserve the right to search camper's property for cell phones or any other items that are not permitted in camp.  
 Campers are not permitted to mark, deface or damage camp property. Should my child mark, deface or damage any camp property or any camper's property, I agree to pay an assessment fee of no less than \$50 and up to \$500 should the damage warrant.  
 Camp tuition includes:  
 (1) Transportation between Camp and N.Y. Metropolitan Area (2) Laundry (3) Accident and Illness Secondary Care (4) Trips (5) Canteen  
 I also 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. All changes in this application must be made in writing and sent to the camp office.  
 In the event of cancellation, or if a camper is sent home due to behavior, health or any other issues, the camp is **not** obligated to give a refund. 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. 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 PARENT \_\_\_\_\_

Check must be made payable to **CAMP MORASHA, 1118 Avenue J, Brooklyn NY 11230**

DATE \_\_\_\_\_ DEPOSIT \_\_\_\_\_ CREDITS \_\_\_\_\_ BALANCE \_\_\_\_\_ DEC. 15 \_\_\_\_\_ MAR. 15 \_\_\_\_\_