



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

5772 / 2012

KOLLEL APPLICATION

Please check appropriate boxes:

- High School Kollel
- College Kollel

Summer Dates:
Sunday, June 24 – Monday, August 6

Name of Applicant _____ Telephone () _____

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

Home Address _____

Date of Birth _____ Parent Cell Phone () _____

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: 2011 _____ 2010 _____

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

Name of Parents (Father) _____ Mother _____

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 _____

For College Kollel Only: I would like to apply to be a Kollel Madrich

TUITION SCALE

HIGH SCHOOL KOLLEL (Post 9th, 10th, 11th, 12th): \$2,850 [\$2,500 before February 15th]

COLLEGE KOLLEL: \$600

For COLLEGE KOLLEL, please remit the full payment of \$600 for the Full Summer

For HIGH SCHOOL KOLLEL, please remit a deposit of \$500 (which includes a non-refundable registration fee of \$350). You will be billed for the balance upon acceptance.

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** _____

This application, together with your deposit should be sent to the Camp Office. (If under 21 years old)
Check must be made payable to **CAMP MORASHA**, 1118 Avenue J, Brooklyn NY 11230