

מִשְׁכַּן יִשְׂרָאֵל

# MISHKAN ISRAEL DAY CAMP

**77 MT. PLEASANT DR. TRUMBULL, CT 06611**

**PHONES: (203)428-4130, (203)268-0740, (914)595-4661**

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## 2017 SUMMER DAY CAMP REGISTRATION APPLICATION

PRE-SCHOOLERS[ ] BOY[ ] GIRL[ ]

SCHOOL-AGE[ ] BOY[ ] GIRL[ ]

WEEK BEGINNING \_\_\_\_\_ WEEK ENDING \_\_\_\_\_

DAY BEGINNING \_\_\_\_\_ DAY ENDING \_\_\_\_\_

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ E-MAIL \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE(S) HOME \_\_\_\_\_ WORK \_\_\_\_\_

AGE AS OF JUNE 2017 \_\_\_\_\_ D/O/B \_\_\_\_\_

HEBREW NAME (IF APPLICABLE) \_\_\_\_\_ NICKNAME \_\_\_\_\_

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

SCHOOL \_\_\_\_\_ PUBLIC ( ) HEBREW ( ) YESHIVA ( )

GRADE IN NOW \_\_\_\_\_ GRADE FOR COMING YEAR \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

ALT. FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

(USE SEPARATE SHEET IF NECESSARY)

LIST ANY & ALL ALLERGIES \_\_\_\_\_

IN CASE OF EMERGENCY, G-D FORBID, CONTACT \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

IF AN EMERGENCY ARISES, G-D FORBID, AND NONE OF THE ABOVE NUMBERS CAN BE CONTACTED, I HEREBY GIVE THE MISHKAN ISRAEL DAY CAMP FULL PERMISSION TO TAKE WHATEVER MEASURES IT FEELS NECESSARY TO ENSURE THE SAFETY OF MY CHILD/CHILDREN. I HEREBY GIVE MY CHILD/CHILDREN MY FULL PERMISSION TO GO ON ALL TRIPS & OUTINGS MISHKAN ISRAEL DAY CAMP AT ALL TIMES.

**I HEREBY FULLY AGREE TO ALL FINANCIAL OBLIGATIONS AND RESPONSIBILITIES.**  
**AS PER CAMP POLICY: NO MEDICATIONS WHATSOEVER ARE DISPENSED AT CAMP.**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_