

# CHAMAH DAY CAMP

AT: 1075 OCEANVIEW AVENUE  
BROOKLYN, NEW YORK 11235

## REGISTRATION FORM

Please fill in the form and mail to:

86 Corbin Place, Brooklyn, New York 11235  
Tel (212) 943-9690 from 9 AM-5 PM;  
(718) 934-5124 after 8:00 PM

Name (Last)\_\_\_\_\_ Name (First)\_\_\_\_\_

Hebrew Name \_\_\_\_\_

Date of Birth\_\_\_\_\_ Age\_\_\_\_\_ Sex\_\_\_\_\_

Address: \_\_\_\_\_ Apt #\_\_\_\_\_ Zip Code\_\_\_\_\_ Phone \_\_\_\_\_

School\_\_\_\_\_ Grade in September 2009\_\_\_\_\_

Mother's Name\_\_\_\_\_ Work Phone # \_\_\_\_\_

Employer's Name & Address\_\_\_\_\_ Hours:\_\_\_\_\_

Father's Name\_\_\_\_\_ Work Phone # \_\_\_\_\_

Employer's Name & Address\_\_\_\_\_ Hours:\_\_\_\_\_

### Health Insurance

Company & Policy\_\_\_\_\_

### People to call in an emergency (other than parents)

Name\_\_\_\_\_ Phone #\_\_\_\_\_ Relationship\_\_\_\_\_

Name\_\_\_\_\_ Phone#\_\_\_\_\_ Relationship\_\_\_\_\_

Family Doctor\_\_\_\_\_ Address\_\_\_\_\_ Phone\_\_\_\_\_

My child has my permission to go home with (please check all that apply)

With Mother ( )      With Father ( )      With other ( )      With transportation ( )

**Please list all others, Your child will not be released to anyone not on this list without prior written permission. On site or off the bus of transportation.**

Name\_\_\_\_\_ Phone #\_\_\_\_\_ Relation

Name\_\_\_\_\_ Phone #\_\_\_\_\_ Relation