



Dear Parents,

B"H plans are well under way for another fantastic, exciting, fun filled summer. Camp Orot is committed to providing your children with the highest standards of a camp experience with strong emphasis on Middot Tovot and Torah values. We strive to provide an extremely warm atmosphere and individual attention in a loving environment.

At this time we invite you, as our preferred camper of Camp Orot, to register for the upcoming summer season of 2020. Please fill out the enclosed registration forms and send it, along with your deposit by March 1, 2020, to confirm your slot.

Looking forward to a most enriching and fun-filled summer B"H!!

From the Camp Orot Family

All forms can also be downloaded online at Orotsarah.com.

GENERAL INFORMATION

LOCATION & PHONE NUMBERS:

Business Office/ Mailing Address: Camp Orot

1123 Avenue N

Brooklyn, N.Y. 11230

Phone: 718-627-8758x0

Fax: 718-336-0149

E-mail: camporot@gmail.com

For more information please call 347-860-2878

GRADES:

going into 1st-5th grades

HOURS:

Monday-Thursday

9:00 A.M. – 4:00 P.M.

Friday

9:00 A.M. – 12:30 P.M.

MEDICAL FORM:

Please have your physician fill out and sign the enclosed medical form and make sure your child/ren is up to date with their immunizations.

EMERGENCY FORM:

Please fill out one emergency form for each child. Please do not leave out any information. In case of an emergency it is important that we have as much information as possible.

TRANSPORTATION:

We will be offering transportation for those who are interested. Please be sure to check off the appropriate box on the registration form. Please understand that we cannot guarantee transportation for those who do not sign up at registration time.

★VOUCHERS ACCEPTED

Up to \$400 discount
per camper available!

(See attached form)

CAMP FEES ALL GRADES:

Free lunch included!

EARLY BIRD SPECIAL!!

Deadline: February 7th

Early Bird Pricing: (up to 2 kids)

<u>Grade</u>	<u>Trip</u>	<u>Camp Fee</u>	<u>Camp Fee with Bussing</u>
1 st -5th	Full	\$1499	\$1649
1 st -5th	Half	\$775	\$875
Regular Pricing:			
<u>Grade</u>	<u>Trip</u>	<u>Camp Fee</u>	<u>Camp Fee with Bussing</u>
1 st -5th	Full	\$1599	\$1749
1 st -5th	Half	\$850	\$950

★A \$200 non-refundable deposit per child is required upon registration.

★Discounts available for Kollel & Rebbes.

★Limited availability for additional scholarship. See attached form.

★In addition, attached please find a sample raffle. You will receive 65% credit from the total amount that you raise. Please direct donors to the following site. <https://100ksweepstakes.com/orotsarah/>. Please make sure your donors complete the "solicited by:" section on the site when purchasing tickets. For more information call Mrs. Herzka at 718-627-8758x170.

REGISTRATION INFORMATION:

In order to reserve a slot for your child, please send in your deposit which should be payable now. 50% of your total charge must be paid by May 1st and the remaining balance by June 15. Without both, the deposit check and the balance checks your application will be delayed from being processed.

Please make sure your registration papers are in by March 1, 2020.

REGISTRATION FORM 2020

1) FAMILY INFORMATION:

Family Name: _____
 Father: _____ Mother: _____
 Address: _____ Home Phone: _____
 Father Cell Number: _____ Mother Cell Number: _____
 Father Cell Carrier*: _____ Mother Cell Carrier*: _____
 Father's Email: _____ Mother's Email: _____
 Shul Affiliation: _____ Father's Occupation: _____
 Rabbi: _____ Rabbi's Phone Number: _____

* Text messages to your cell phone will only be used to notify parents of important camp updates

2) CHILD/REN'S INFORMATION:

CHILD'S FULL NAME	CHILD'S DOB	MALE	FEMALE	SCHOOL	GRADE GOING INTO	FIRST TRIP (4 WEEKS)	SECOND TRIP (4 WEEKS)	FULL SUMMER (8 WEEKS)
1.								
2.								
3.								
4.								

3) TRANSPORTATION:

Would you like transportation for your child/ren? Yes no . If yes, please check off 2 of the boxes below:

A.M. P.M. A.M. and P.M.
 First Half Second Half Full Summer

4) DEPOSIT: (\$200 per child)

Credit Card #: _____ Name on Card: _____
 Expiration: _____ Complete Address: _____

5) AUTHORIZATION TO ACT AND LIABILITY WAIVER:

I give permission that in case of an emergency, Camp Orot or a designated representative may act as they deem appropriate. I give permission for my child/ren to participate in all Camp Orot trips and activities. I agree to release camp Orot, its directors, and any other staff member from any and all liability, claims, and demands for any loss, damage, or injury of any kind that occur in Camp Orot.

I give consent for my child/ren's pictures to be in newsletters, slideshows, flyers etc.....

Parent Signature: _____ Date: _____

2020 EMERGENCY INFORMATION

OROT SUMMER PROGRAM

1123 AVENUE N, BROOKLYN, NY 11230
T: 718-627-8758 F: 718-336-0149

CHILD'S NAME: DATE OF BIRTH:

ADDRESS: PHONE: INSURANCE:

MOTHER'S NAME: HOME PHONE:
(or Guardian)

EMAIL: CELL: WORK:

FATHER'S NAME: HOME PHONE:

EMAIL: CELL: WORK:

PHYSICIAN: ADDRESS: PHONE:

DENTIST: ADDRESS: PHONE:

PREFERRED HOSPITAL FOR EMERGENCY CARE
For those emergencies requiring immediate medical attention, your child will be taken to the nearest hospital emergency room.

EMERGENCY CONTACT WHEN PARENTS CANNOT BE REACHED

NAME: RELATION TO CHILD:

ADDRESS: PHONE: CELL:

NAME: RELATION TO CHILD:

ADDRESS: PHONE: CELL:

IS CHILD ALLERGIC TO ANY FOODS OR MEDICATIONS? YES NO

IF YES, PLEASE INDICATE:

PLEASE INDICATE ANY MEDICAL INFORMATION WE SHOULD BE AWARE OF:

CHILD MAY BE GIVEN TYLENOL: YES NO

To whom it may concern; I/we, the undersigned parents of a minor, do hereby authorize the supervisory staff of Bet Yaakov Ohr Sarah as our agent to consent to any diagnostic procedure or medical care which is deemed advisable by and is to rendered under the general or special supervision of, any licensed physician and surgeon. It is understood that this authorization is given in advance of any specific need for treatment, but is given to provide authority on the part of our aforesaidn agent to give specific consent to any and all such diagnosis, treatment, or hospital care which the physician in the exercise of his/her best judgment may deem advisable.

Unless I notify you to the contrary, I hereby give permission for my child(ren) to participate in all field trips sponsored by Bet Yaakov Ohr Sarah. When possible a letter will be sent in advance of each trip.

If at any time the above information must be changed I will notify Orot in writing.

I have reviewed all the above information.

Signature of Parent or Guardian

Date