



A single, special extra week of that "special feeling of summer"

Monday – Thursday 9:00Am – 4:00PM, Friday 9:00AM–2:00PM.

August 20 – 24, 2012

236 Cherry Lane, Monsey, New York 10952 845-357-9423 fax 845-357-2343 www.regeshonline.com

REGESH

A 9th week of the Special Feeling of Summer

FAMILY INFORMATION		
Family Name:		Home Phone:
Father's Name:		Mother's Name:
Cell:	Bus:	Cell: Bus:
Current address:		
City:	State:	ZIP Code:
Marital Status: M D W	E-Mail:	E-Mail:
CHILD(REN)'S INFORMATION		
Child 1 Name:	School:	Grade in September:
Child 2 Name:	School:	Grade in September:
Child 3 Name:	School:	Grade in September:
<p>IN THE EVENT I CANNOT BE REACHED, PLEASE CONTACT THE EMERGENCY CONTACT OR DOCTOR LISTED. IN CASE OF A MEDICAL EMERGENCY AND NEITHER OF THE PERSONS LISTED COULD BE REACHED, I HEREBY AUTHORIZE (VIA MY SIGNATURE AT THE BOTTOM OF THIS FORM) THE PHYSICIAN SELECTED BY CAMP REGESH TO SECURE COMPLETE AND PROPER TREATMENT FOR MY CHILD(REN). MEDICAL HISTORY IS REQUIRED, IF NOT ON FILE AT CAMP REGESH.</p>		
EMERGENCY CONTACT		
Name of Person to Contact:		
Phone (h):	(c):	Phone Alt.:
Relationship:		
PHYSICIAN		
Name:		
Phone:		
PAYMENTS		
<p>Fee: \$330.00 for the week – For each child registered beyond the first child, the fee is \$305 for the week No refunds except for 'busing refund' which requires notification to Camp Regesh by April 20th. No substitution of children in same or other families. Payment in full must be received by March 15th – payments can be via Check, Cash or Money Order – No credit cards. A fifty dollar fee will be assessed for any returned check.</p>		
SIGNATURES		
<p>I have read the above and agree to have my/our child(ren) attend REGESH EXTRA. I agree with the conditions set forth here and will honor the rules established by Camp Regesh.</p>		
Signature of applicant:		Date:
Signature of spouse (if applicable):		Date: