

CAMP KADIMAH APPLICATION

Complete and return this application along with a **\$500⁰⁰** non-refundable deposit by **October 31, 2007**.
Payment in full is due March 31, 2008.

Camper Information

Child's full name _____ Gender _____
 Age as of _____ Grade completed _____
 Birth date _____ 12/31/2008 _____ as of 06/30/2008 _____
 Mailing Address _____
 City _____ Province/State _____ Postal/Zip Code _____
 Home Phone (____) _____ Other (____) _____

Family Information

Parent's Contact email _____
 Camper's Contact email _____
 Preference for mailings to be sent to you during the year: By e-mail _____ By regular mail _____

Father:

Last Name _____
 First Name _____
 Home Phone _____
 Bus Phone _____
 Cottage Phone _____
 Cell Phone _____
 Fax Number _____
 Occupation _____

Mother:

Last Name _____
 First Name _____
 Home Phone _____
 Bus Phone _____
 Cottage Phone _____
 Cell Phone _____
 Fax Number _____
 Occupation _____

Emergency Summer Contacts:

(If above can't be reached)

Name _____
 Phone _____
 Relationship _____

Name _____
 Phone _____
 Relationship _____

Family Status:

Is there a separation in the family? _____
 Is there a divorce in the family? _____
 If yes to either, who has custody? _____

Is there a court order or custody agreement?
If so, please attach.

Basic Medical Information:

Physician _____
 Phone _____
 Address _____

Parent Questionnaire

List camp(s) and years your child has attended _____

Was your child homesick, anxious about camp, shy, or unable to make friends? If so, explain: _____

Does your child have any behavioural problems? (eg. excessive anger, bed wetting) _____

Are there any behavioural problems in school? If so, explain: _____

Has your child been suspended or expelled from school? If yes, why? _____

Has your child been expelled or been refused admission to any camp? If yes, why? _____

General comments: _____

Please provide a list of up to 3 friends you would like to have in your cabin
(We cannot guarantee choices, but will do our best to match your child with at least one friend)

Home Life: Brothers and sisters: names and ages _____

What is the extent of Jewish home life? _____

Observant _____ Traditional _____ Non-observant, some traditional _____ Minimal _____

Is Mother Jewish? Yes _____ No _____ Kadimah Alumni? Yes _____ No _____

Is Father Jewish? Yes _____ No _____ Kadimah Alumni? Yes _____ No _____

Other family members who are Kadimah Alumni: _____

Who is responsible for you applying to Kadimah? _____

First time applicants please include a school and camp reference:

Swim Program:

We teach Red Cross Swim Kids Program and Bronze Cross and Medallion through the Royal Lifesaving Society at Camp. What level of swimming is your child expected to be at during Kadimah 2008?

Conditions of Application and Registration

Please read this agreement carefully and sign where indicated

1. Applications are due by October 31, 2007 along with a \$500⁰⁰ deposit. Late applications will be charged \$150⁰⁰ per application. Camp reserves the right to cancel any program due to insufficient registration.
2. No application will be considered complete until we have received a \$500⁰⁰ deposit and the Camper's medical forms. The Camp reserves the right to reject any application without explanation. **The deposit for accepted applicants is non-refundable.**
3. Fees are due in full by March 31, 2008. Outstanding accounts will be charged \$200⁰⁰ administrative fee. Camp reserves the right to refuse admission in the event of non-satisfactory payment arrangements regarding fees.
4. Any Camper who is sent home as a result of violation of camp policy is under no circumstances eligible for a refund. All additional transportation costs incurred as a result, are the responsibilities of the parents.
5. **All Campers must undergo an annual check-up by their regular physician** before their application for Camp is considered complete. This written submission will attest to the Camper's good health and suitability for the programs selected. **All camper limitations, existing conditions and special requirements must be fully disclosed.** All prescription costs, as a result of visits to the Camp doctor, or visits not covered by the campers provincial medical plan are at the parent's expense and will be paid when billed.
6. The Camp does not assume responsibility for loss or damage to baggage or personal belongings while in transit or during the period of Camp. In case of theft, no claim may be made against the Camp. The applicant and the Camper agree to reimburse the Camp for any unforeseen expenses it incurs on the Camper's behalf (special supplies or emergency expenses, etc.).
7. The Camp and its staff, while endeavoring to exercise reasonable care, assumes no responsibility for any accident, resulting injuries or other damages suffered by the Camper during the Camp season including travel to and from the Camp. And we, for ourselves, our Heirs, Executors, Administrators, assigns release Camp Kadimah, its staff, committee or any person assisting in any activity from any claims, demands, damages, actions or causes of action arising out of or in consequence of any loss, injury or damage to our child while attending or participating in any activity at Camp Kadimah.
8. Visiting is not permitted at Camp with the exception of the established visiting day or by special permission of the Camp director. Campers or CITs will not be permitted to leave camp on Visiting Day for any reason.
9. In case of illness or accident affecting our child, we hereby authorize you to engage such medical personnel, and/or institutions as you may deem necessary and further authorize such medical personnel or institutions to perform those medical procedures, medical or otherwise, which in their opinions are necessary for the proper treatment of our child.
10. We understand that during the course of the summer our child may be participating in out of camp programs, (i.e. trips, intercamps). We hereby give permission for our child to participate in these programs.
11. Campers are required to arrive at and depart from Camp only during the pre-determined times and only by Camp arranged transportation. Failure to comply will result in any additional costs being charged to the parents of \$100⁰⁰ each way. The Camp director must be notified of any booking difficulties, well in advance.
12. We agree that Camp may use any photograph, video, image or statement in which our child may appear or be involved, in whole or in part, in any media, including the internet for promotional or other purposes as determined by the camp.
13. We confirm that all information has been fully and truthfully provided and that the parents and camper shall abide by the Camp's policies and regulations. Failure to do so may result in the dismissal of the camper without refund. The Camp shall be entitled to send home any camper without refund who has developed any health conditions while at Camp which the Camp is unequipped to treat, or for behaviour deemed inappropriate or adverse to the well being or operation of Camp.
14. We agree that Camp may take direction on such matters involving the camper such as removal from camp, or medical treatment from either parent unless specifically directed otherwise. In the event of such direction either both parents must agree or Camp must be provided with an appropriate court order or custody agreement.

I HEREBY CERTIFY that all information given herein is true and in consideration for the acceptance of my child at Camp Kadimah, I agree to all the provisions of the Agreement herein.

Signature of both Parents/ Legal Guardians 1. _____ 2. _____

Relationship to Camper _____ **Date** _____

CAMP KADIMAH 2008 SEASON

We hereby apply for enrollment of _____ for the 2008 season at Camp Kadimah;

We agree to pay the fees circled below plus applicable HST:

	Giborim Goshrim		
	Kochot	Machar	CIT
<i>Age as at December 31, 2008</i>	8-13	14-15	16
<i>Camper Fees</i>	\$3,795.00	\$3,995.00	\$ 4,375.00
<i>Camper Care Package *</i>	\$ 205.00	\$ 230.00	\$ 305.00
<i>Toronto-Kingston Baggage</i>	\$ 75.00	\$ 75.00	\$ 75.00
<i>Transportation to Halifax</i>	Not Included in the Above		
<i>Taxes (HST 14%)</i>	Not Included in the Above		

* HST included

The Camper Care Package includes a yearlong membership in Canadian Young Judaea, a section picture, cabin picture, a camp video/DVD and tuck. Tuck is included at the rate of \$100⁰⁰ for Giborim, Goshrim and Kochot; \$125⁰⁰ for Machar and; \$200⁰⁰ for CIT.

A fee reduction of \$500⁰⁰ for the third and each subsequent camper in one family will automatically be calculated.

NSF Cheques will be charged a fee of \$100⁰⁰.

If paying by Visa or MasterCard (a 2.4% surcharge applies):

Credit Card number: _____

Expiry: _____ Cardholder Name: _____

To authorize automatic payment of the balance by credit card on March 31, 2008 please check box:

Signature of cardholder _____

Kadimah Tzedakah	
Many children do not have the means to enjoy Kadimah. Every year we award scholarships in excess of \$50,000 for kids to attend camp. Your generous assistance is requested and we ask that you consider a tax deductible charitable donation	
Scholarship Assistance Donation	\$180 ____ \$360 ____ \$540 ____ Other _____
Method of Payment:	
<input type="checkbox"/> Cheque (payable to Atlantic Jewish Foundation)	
VISA or MasterCard _____	Expiry _____
Cardholder name _____	
Signature _____	
Donate your tuck money to the scholarship fund	
<input type="checkbox"/> Excess tuck money will be donated to the scholarship fund at the end of camp should you not inform us otherwise. Please check box if you would not like to donate any monies remaining in tuck to the Scholarship Fund.	
For gifts over \$18, a tax receipt will be sent to you.	

CAMP KADIMAH MEDICAL FORM

SECTION A:

To be completed by parent/guardian and returned with Camp Kadimah Application by October 31, 2007

Child's full name _____ Birth date _____

Mailing Address _____

City _____ Province/State _____ Postal/Zip Code _____

Home Phone (____) _____ Other (____) _____

Parent/Guardian Names: _____

Provincial Health Card Number _____ **EXP** _____

List any history of or current medications, if any, your child is currently taking. Please be specific (eg. Ritalin, Anti-depressants, Dexedrin or any other medications for psychological problems)

List any significant past or present illnesses (asthma, other problems, etc.)

List any previous surgeries

List any history of psychological problems (Attention Deficit Hyperactivity Disorder, Obsessive Compulsive Disorder, Tourettes Syndrome, Panic Attacks or Depression, etc.)

List any history of eating disorders

Is the child a vegetarian? Yes _____ No _____ Special dietary requirements

Are there any special family problems that we should know about?

Has your child been under the care of any psychologist or counselor over the past two years? (Name, address and phone number. A detailed account of circumstances is required on a yearly basis)

Does your child receive resource support in the school setting? Is your child accompanied by a program assistant (eg. shadow) during the school day? If the answer is yes to either of these questions please provide full contact information for these resources and elaborate.

Serious Allergic Reactions:: (Type of reaction/symptoms and treatment)

_____ Bee/Wasp _____

_____ Nuts _____

_____ Medications _____

_____ Other Foods _____

_____ Other _____

CAMP KADIMAH MEDICAL FORM

Regular Medications:

_____ My child requires regular medications and will bring them to camp

Dose _____ Frequency _____

Dose _____ Frequency _____

_____ My child requires PRN medications and will bring them to camp

Dose _____ Frequency _____

Dose _____ Frequency _____

Dental:

My child is wearing braces or having other orthodontal treatment. For consultation the orthodontist is :

Name: _____ Phone: _____

Campers are expected to have been checked for lice immediately prior to camp.

All prescriptions or other medical expenses not covered by camper's provincial insurance is at the parents' own expense and will not be paid by camp. I hereby give my permission for the administration of any such medications, treatments and procedures by a nurse, physician or qualified health professional in the event of a non-emergency medical situation.

It is understood that, should any emergency occur, every attempt will be made to contact me. However, if for any reason, I am unable to be reached, I hereby give my permission for the administration or performance of such treatment or procedure as anesthetic or surgery to be performed by a physician as decided by the camp director and camp physician.

Date _____ **Signature:** _____
(Parent or Guardian)

Travel Information

1. We take travel arrangements very seriously and ask that parents book through the camp recommended travel agent in order to guarantee safe travels for all campers. Booking outside the group is seriously discouraged. Flight schedules are selected to co-ordinate with bus travel to Camp Kadimah.
2. We will not assume responsibility for the safe delivery to camp of any campers who are not booked on the flights specified by Camp.
3. All luggage from Toronto and Kingston is expected to travel on the trucks organized specifically for campers and staff coming from these areas as in the past duffel bags checked through on the airline have arrived late or the next day. Furthermore, it will always be assumed by Camp that baggage that arrives by transport truck will return to their destination by transport truck. If you need to change this method of return transportation, the Camp must be notified in writing before August 1, 2008. Changes cannot be made after that date.
4. You will be notified early in 2008 of the camp travel schedule.

**COMPLETE ONE PAGE AT A TIME, AND PRESS FIRMLY AS YOU ARE MAKING 3 COPIES.
PLEASE RETURN TOP TWO COPIES OF APPLICATION PAGES 1, 2, 3, 5, 6,
AND THE TOP COPY OF APPLICATION PAGE 4 WITH DEPOSIT**

CAMP KADIMAH

5670 Spring Garden Road, Suite 508
Halifax, Nova Scotia B3J 1H6

1-866-KADIMAH 902-422-7491 Ext 225
902-425-3722 (Fax)

