

CAMP OLAMI OF MONMOUTH COUNTY

Mailing Address: Monmouth Reform Temple, 332 Hance Ave, Tinton Falls, NJ 07724
Email : campolami@monmouthreformtemple.org

YEAR 2015 REGISTRATION FORM

NAME OF CAMPER _____ SEX _____ DOB _____

CAMPER'S HEBREW NAME (Optional) _____

PHONE NUMBER _____

ADDRESS _____ CITY/STATE _____ ZIP _____

SCHOOL NOW ATTENDING _____

GRADE ENTERING SEPT. 2015 _____

JEWISH EDUCATION (Optional): List schools attended, type of program (Hebrew School, Day School, Nursery) & years attended:

PARENT 1 NAME _____

PARENT WORK PHONE _____ CELL _____

NAME & PLACE OF EMPLOYMENT _____

E-MAIL _____

PARENT WORK PHONE _____ CELL _____

PHONE _____

NAME & PLACE OF EMPLOYMENT _____

E-MAIL _____

EMERGENCY CONTACT

1. NAME & PHONE _____

2. NAME & PHONE _____

PEDIATRICIAN: _____

ANY INFORMATION OR COMMENTS ABOUT SPECIAL ABILITIES, HABITS,
BEHAVIOR OR OTHER, WHICH YOU WANT US TO BE AWARE OF:

ALLERGIC REACTIONS TO MEDICATIONS:

MEDICATION CHILD IS TAKING ON A REGULAR BASIS:

ANY SPECIAL MEDICAL CIRCUMSTANCES OR ALLERGIES:

- I have read and signed the registration form. I agree to pay the camp tuition in full at the time of registration.
- I hereby grant permission for Camp Olami to photograph & video my child and use these pictures for website, brochure & advertising purposes.
- In the event I cannot be reached, I hereby grant permission to the directors of Camp Olami to treat and/or provide a physician or hospital to give emergency treatment to my child.

PARENT'S

SIGNATURE _____ DATE: _____