



Camp Moshava of Wild Rose, WI

Under the auspices of Religious Zionists of Chicago and its youth affiliate, Bnei Akiva of Chicago



PARENT SURVEY

Required

Your detailed answers to these questions will provide our staff with important background information that will help us provide attention and understanding to your child's needs. This information will be kept confidential, and will help us enrich your child's experience at Camp Moshava. This form must be filled out by a parent/guardian.

- Matchilim 4 Week Option 6 Week Option MIT
 Machal Sayeret Torah V'Avodah

CAMPER INFORMATION

Please indicate: New Moshava Camper Returning Moshava Camper Years at Moshava _____

Camper's Name _____
Last First

City of residence _____ Home Phone: _____ Date of birth ____/____/____

Name of school _____ Grade to be completed in June 2017: _____

Parents are: Married Divorced Separated Other With whom does child reside? _____

If parents are divorced or separated, please describe the custody arrangement and child's relationship with each parent:

Has child sustained any significant losses or changes in the last few years (e.g., death or serious illness of a family member)?

Yes No If yes, please explain: _____

YOUR CHILD AT CAMP MOSHAVA

Is your child eager to come to Camp Moshava? Yes No

If not, please explain why: _____

Does your child make friends quickly? Yes No Is your child shy? Yes No

Is your child: Very Independent Somewhat Independent Dependent

List activities in which your child excels: _____

Is your child proficient in Hebrew? (Rate: Good, Fair, Poor) Reading _____ Speaking _____

What do you hope your child will gain from his/her experience at Camp Moshava? _____

In what ways would you like Camp Moshava to help your child develop:

Habits: _____ Skills: _____

Religious Attitudes: _____ Social Attitudes: _____

Knowledge: _____ Other: _____

CAMPING HISTORY

Has your child been to overnight camp before? Yes No Was your child homesick? Yes No

Name of camp: _____ Dates: _____

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Did your child have a positive experience at camp? Yes No If no, please explain:

Did your child leave camp before the conclusion of the session? Yes No

If yes, please explain: _____

GENERAL INFORMATION

Does your child have difficulty with temper, weeping spells, other? Please explain: _____

Is your child afraid of (circle all that apply): darkness, people, animals, water, lightning, thunder, anything else?

Please explain: _____

Please describe any unusual sleeping habits (restlessness, bed wetting, sleepwalking, nightmares, etc.) your child has:

Is your child a vegetarian? Yes No Describe your child's appetite: Good Fair Poor

Does your child have any allergies? Yes No If yes, please list: _____

Does your child have any restrictions/allergies related to food? Yes No

If yes, please explain: _____

During the last three years, has your child been under any educational or psychological guidance? Yes No

If yes, please explain: _____

Does your child have medical restrictions or take medication that will affect participation in camp activities? Yes No

If yes, please explain: _____

Please list any other information that will help the camp meet your child's needs. Please attach a separate page if necessary.

Reminder: This Parent Survey must be signed below by a parent or guardian in order for your child to attend Camp Moshava.

CAMP POLICIES

Camp Moshava of Wild Rose, WI, does its utmost to ensure the safety and supervision of every camper. Each camper is an equally important member of the Camp Moshava community; we strive to help each one maximize his/her Moshava experience.

- 1) I hereby give my child permission to attend the indicated program at Camp Moshava of Wild Rose, WI ("the Camp"), and to participate in all camp-sponsored activities, which may include (but are not limited to) high ropes/adventure challenge activities, horseback riding, bicycling, canoeing, and whitewater rafting. I agree to hold harmless the camp (and its directors, employees, and agents) from any liabilities except for harm that befalls my child during camp-sponsored activities directly as a result of the camp's gross negligence or willful misconduct.
- 2) I hereby give my child permission to leave the camp grounds, and to ride in transportation provided by the camp, for supervised camp programs and/or for medical treatment.
- 3) I hereby give Camp Moshava permission to contact my child's school, including teachers, principals, guidance counselors, and/or school psychologists/social workers, to verify that my child is capable of participating in a group setting in a productive, positive manner, and that the camp is suitable for my child, and my child for the camp.
- 4) I hereby give Camp Moshava permission to use pictures and video images of my child for publicity materials and on the camp's Web site.
- 5) I understand that cancellation of or changes to this registration will be subject to the fees and refund schedule, including forfeiture of portions or all of the registration fees, outlined in Camp Moshava's schedule of dates and fees.
- 6) I understand that my child will not be permitted to attend Camp Moshava until all fees have been paid and a completed medical form has been returned to the office.
- 7) I understand that Camp Moshava is not responsible for loss or damage to my child's personal property incurred during the session or during transportation to and from camp.
- 8) I give permission to the physician and nurses selected by the camp director to provide routine health care, prescribe medications, and administer over-the-counter drugs to my child as needed. In case of surgical or medical emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child. Camp Moshava will make every effort to immediately contact parents in the event of an emergency.
- 9) I understand that my child is required to observe and follow the rules of camp, both those outlined in the parent handbook as well as those communicated verbally and in writing to campers during the camp session.
- 10) I understand that Camp Moshava has the right to dismiss any camper, without refund, who threatens the safety of him/herself or other campers; who willfully damages camp property; who willfully disregards the rules of Camp Moshava; who steals or intentionally damages the property of other people in camp; or who requires significant supervision beyond what the camp can provide. Should my child be dismissed for disciplinary reasons, I understand I must arrange transportation for my child to leave camp, at my expense, within 24 hours, and that I am responsible for any additional expenses required to ship luggage home.
- 11) I certify that all information I have provided or will provide in this application, the parent questionnaire, and the medical form is truthful and accurate, and understand that if my child is dismissed from Camp Moshava as a result of inaccurate or incomplete information I have provided, Camp Moshava is not obligated to refund any tuition.

Camp Moshava reserves the right to reject any application at its discretion, in which case the full registration fee will be refunded.

I have read and hereby accept the camp policies of Camp Moshava, and attest that all information I have provided in the above survey is both true and accurate and understand that my child can be dismissed from Camp Moshava as a result of inaccurate or incomplete information that I have provided or for violating any of the rules stated in the Parent Handbook (see website). If the event of dismissal, Camp Moshava is not obligated to refund any tuition and the expense and transportation from camp for the dismissed camper is the sole responsibility of the parent.

_____ Date _____
(Signature of Parent or Guardian) **[REQUIRED]**

I agree to cooperate with the camp staff and with my fellow campers. I also agree to observe the camp rules, and help make my experience at camp positive for me, my fellow campers, and the entire camp community.

_____ **[REQUIRED]**
(Signature of Camper)

BUNK REQUESTS (NOT APPLICABLE FOR HIGH SCHOOL PROGRAMS)

Camp Moshava attempts to honor at least one request; requests will be honored where possible, but not guaranteed. Since the process of dividing bunks requires significant flexibility, three names *must* be listed in the spaces below:
