

CAMP MOSHAVA OF WILD ROSE, WI • Summer 2017 • SCHEDULE OF DATES & TUITION

PROGRAM	CAMPERS COMPLETING GRADE	BEGINNING DATE	ENDING DATE	TUITION
MATCHILIM	3	Mon - June 26	Sun. - July 9	\$1,750 <i>(Discounts not applicable)</i>
4 week option	3-4	Mon - June 26	Sun. - July 23	\$3,950 <i>(Discounts not applicable)</i>
6 week option	3-8	Mon - June 26	Mon – August 7	\$4,650
Machal	9	Mon - June 26	Mon – August 7	\$4,800
Sayeret Torah V'Avodah	10	Wed - June 21	Mon – August 7	\$1,500 <i>(Discounts not applicable)</i>
Madrich-in-Training	11	Wed - June 21	Mon – August 7	\$925 <i>(Discounts not applicable)</i>

VISITOR'S DAY: SUNDAY, JULY 16TH, 12 NOON– 5:00PM, CHICAGO TIME

DISCOUNTS & INCENTIVES

EARLY PAYMENT INCENTIVE: Tuition for the **6 week downstairs** option will be discounted \$400 if paid in full by March 1, 2017, or if a payment plan to be completed by March 1, 2017 is scheduled by November 15, 2016.

Tuition for the **Machal program** will be discounted \$250 if paid in full by March 1, 2017, or if a payment plan to be completed by March 1, 2017 is scheduled by November 15, 2016.

SIBLING DISCOUNT: Families sending two or more children to camp for the 6 week downstairs option or the Machal program, will receive a 10% discount per child for each additional child after paying full tuition for the highest billed camper.

Incentives and discounts can be combined where applicable. Scholarship recipients are not eligible for discounts.

SCHOLARSHIPS

Scholarships are awarded based upon financial need. Applications must be received by January 7th, 2017 to ensure review for maximum scholarship opportunities. Scholarship dollars are limited and will be awarded on a first come, first served basis.

PAYMENTS & FEES

REGISTRATION FEES:

There is a \$400 registration fee per child for all programs, of which \$100 is non-refundable. This fee must accompany registration/application.

CAMPING TUITION PAYMENT DEADLINE: All camping tuition and fees are due by May 16, 2017. Campers will not be permitted to attend until all camping tuition and fees have been paid and a completed medical form has been returned to the office.

ADDITIONAL FEES: The camping tuition includes medical services provided in camp, as well as laundry, however, prescriptions, doctor visits outside camp, and canteen fees are not included. There is an additional \$100 luggage/ transportation fee for all campers using the camp's luggage truck and/or bus service. This fee is waived for all campers traveling from outside the Chicagoland area in an effort to offset additional travel costs.

ACCEPTANCE

NEW CAMPERS: First-time attendees of Camp Moshava of Wild Rose, WI, may be contacted by the camp for an interview to establish that the camp is suitable for the child, and the child for the camp.

HIGH SCHOOL CAMPERS: High school campers attending Camp Moshava of Wild Rose, WI, for the first time must submit a letter of recommendation from a teacher or principal, and may also be contacted for an interview.

CANCELLATIONS, CHANGES, & REFUNDS

PARTIAL ATTENDANCE: Camp Moshava cannot pro-rate camping fees for late arrivals or early departures.

CAMPER DISMISSAL: Campers sent home for disciplinary reasons will NOT receive a refund.

CANCELLATIONS: Refunds follow the schedule below.

	Refund for full cancellation
Before March 1	100% of tuition, minus non-refundable portion of registration fee
March 1 – March 31	100% of tuition, minus full registration fee
April 1 – April 30	50% of tuition, minus full registration fee
May 1 and after	No Refund



Camp Moshava of Wild Rose, WI

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



Please send completed registration form, parent questionnaire, and registration fee to:
Camp Moshava of Wild Rose, WI
3740 West Dempster St.
Skokie, IL 60076
(847) 674-9733
Fax (847) 750-0222

CAMPER REGISTRATION FORM

Please check program camper is registering for:

	Program	Completing Grades	Dates	Tuition
<input type="checkbox"/>	Matchilim	3	Mon 6/26/17 – Sun 7/9/17	(\$1,750)
<input type="checkbox"/>	4 wk option	3-4	Mon 6/26/17 – Sun 7/23/17	(\$3,950)
<input type="checkbox"/>	6 wk option	3-8	Mon 6/26/17 – Mon 8/7/17	(\$4,650)
<input type="checkbox"/>	Machal	9	Mon 6/26/17 – Mon 8/7/17	(\$4,800)
<input type="checkbox"/>	Sayeret Torah V'Avodah	10	Wed 6/21/17 – Mon 8/7/17	(\$1,500)
<input type="checkbox"/>	Madrich in Training	11	Wed 6/21/17 – Mon 8/7/17	(\$ 925)

FOR OFFICE USE ONLY

Date received _____

Acknowledged _____

CAMPER INFORMATION

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

Camper's name _____ Last _____ First _____ Hebrew name _____

Grade to be completed in June 2016: _____ Gender _____ Age _____ Date of birth ____/____/____

Address _____ City _____ State _____ Zip _____

Home phone _____ Camper's email address _____

Camper attends: Hebrew school Day school Name of Hebrew/Day school(s) _____

If camper was at Moshava last year, who were his/her counselors? _____

REFERRAL INFORMATION

How did you hear about Camp Moshava?

Bnei Akiva Open House in my city Media Ad (please list) _____ Other _____

Camp Shabbaton School Visit Family Moshava Camper (please list name:) _____

PARENT/GUARDIAN INFORMATION

	MOTHER/GUARDIAN	FATHER/GUARDIAN
Name		
Home Address		
Home Phone		
Work Phone		
Cell Phone/Pager		
Fax		
Email (Please print clearly!)		
Occupation		

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: _____

EMERGENCY CONTACTS (NOT PARENTS)

Contact #1 _____ Phone _____ Relationship _____

Contact #2 _____ Phone _____ Relationship _____

BILLING INFORMATION

Please select from one of the following four payment plan options:

A Charge my credit card now for **the full balance**.

B Charge my credit card now for the registration fee of \$400 per child, and charge the remaining balance in **monthly Installments on the 1st of the month** between now and May 16, 2017.

Visa MasterCard

Card #: _____ Exp. _____

Security Code #: _____

C Check enclosed for **the full balance**.

D Check enclosed for registration fee of \$400 per child. (I will send post-dated checks to be paid in full by May 1, 2017 for the remaining balance, after I receive my 1st invoice)

REMINDERS:

- **ALL CAMPING FEES MUST BE PAID BY MAY 16, 2017.**
- *The parent who signs below is responsible for payment of the camping fees.*

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: _____

Camper's Name: _____

CAMPING HISTORY

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

Name of camp: _____ Dates: _____

Name of camp: _____ Dates: _____

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: _____

REGISTRATION 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 registration policies of Camp Moshava, and attest that all information I have provided is both true and accurate.

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

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.

(Signature of Camper) [REQUIRED]

Remember:

- Sign this application
- Enclose your registration fee
- Enclose your signed parent questionnaire

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:
