

# **Camp CK**

Tel: 216-218-6378

Email: [campck17@gmail.com](mailto:campck17@gmail.com)

Camp Hotline: 712-432-8573

Dear Parents,

With gratitude to Hashem, we are excited to announce the opening of registration for Camp CK, Summer 2017. As in the past, we look forward to providing an unbeatable camp experience. Friendship and fun, singing and learning, plays and trips--it all comes together to create a beautiful kaleidoscope of long-lasting memories.

We are proud to have Rabbi Nakdimen and Rabbi Blech back for another fantastic summer. We would like to welcome Rabbi Shmuel Yaakov Mann to our head staff. Rabbi Mann is a talented Rebbe, and a wonderful role model. Rabbi Berger is back again coordinating the exciting program from behind the scenes. Our head staff is busy planning and preparing an unforgettable summer in Camp CK's signature style, geshmak!

Your son's routine of Torah learning is very important to us. This summer we will be introducing a new and exciting learning program, making learning a highlight of each day! Our experienced Rebbeim infuse Torah values, Middos Tovos and a love for learning that carries our campers through the year.

Camp CK's special atmosphere could never happen without its amazing, creative, responsible and fun-loving staff. We select our counselors with care, to ensure a safe and pleasant Torah environment. They will do whatever they can so that your son will have an amazing summer.

Don't miss out! Our famous Camp CK Hotline is constantly updated. Hear all the exciting songs and get a daily dose of laughter! Call [712-432-8573](tel:712-432-8573) and stay updated!

Looking forward to a fabulous Camp CK Summer 2017 experience!

Rabbi Raphael Schnall

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## Camp Registration Form

We are accepting registration for boys coming out of grades 1-6

The following are the weeks of camp:

Week 1: July 10 –July 14

Week 2: July 17 –July 21

Week 3: July 24 –July 28

Week 4: July 31 –August 4

Week 5: August 7 –August 11

**Camper Information:** (please circle the weeks that each camper will be attending)

Name \_\_\_\_\_ School \_\_\_\_\_ Grade Completed \_\_\_\_\_

Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Weeks attending 1 2 3 4 5

Name \_\_\_\_\_ School \_\_\_\_\_ Grade Completed \_\_\_\_\_

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## Family Information:

Last Name: \_\_\_\_\_

Summer address of camper(s) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Father's name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

## Emergency Contact Information:

Emergency Contact #1

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Relation to child(ren) \_\_\_\_\_

Emergency Contact #2

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Relation to child(ren) \_\_\_\_\_

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## Medical Release Information:

The purpose of the requested information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment. All information will be held in strict confidentiality.

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

(Please fill out separately for each child)

Child's Name \_\_\_\_\_

Is your child allergic to any type of food? Yes\_\_\_ No\_\_\_

If yes, explain: \_\_\_\_\_

Does your child have any medical conditions that we should be aware of? Yes\_\_\_ No\_\_\_

If yes, please explain: \_\_\_\_\_

Child's Name \_\_\_\_\_

Is your child allergic to any type of food? Yes\_\_\_ No\_\_\_

If yes, explain: \_\_\_\_\_

Does your child have any medical conditions that we should be aware of? Yes\_\_\_ No\_\_\_

If yes, please explain: \_\_\_\_\_

Child's Name \_\_\_\_\_

Is your child allergic to any type of food? Yes\_\_\_ No\_\_\_

If yes, explain: \_\_\_\_\_

Does your child have any medical conditions that we should be aware of? Yes\_\_\_ No\_\_\_

If yes, please explain: \_\_\_\_\_

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## Waiver:

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that Camp CK will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby give permission for the transportation of my child for official Camp CK activities.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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## General Fees and Information: (please read carefully)

- Camp fees:

Junior Division: Boys coming out of grades 1 and 2

\$140 per week/ \$130 per week for 5 weeks

Senior Division: Boys coming out of grades 3-6

\$150.00 per week/ \$140.00 per week for 5 weeks

(THERE ARE NO PARTIAL WEEKS!)

- All registrations are final. There are no refunds available.
- If sending by the week, all payment MUST be in by the latest Sunday 8pm of that week to ensure a spot for your child for the week.
- All trips during camp hours are included in the price of \$150 per week. However, there will be voluntary night activities and a special trip for the oldest bunk, in which there may be an additional fee.
- Due to safety on trips all campers must have a Camp CK shirt; they are being sold for \$6.
- Make checks payable to: Camp CK
- Mail to:

Camp CK  
3642 Shannon Rd  
Cleveland Heights OH, 44118

Camp CK is located at the Taylor Road Synagogue, 1970 S Taylor Road in Cleveland Heights.

We look forward to spending an enjoyable summer with your child in Camp CK!!