

**Bilowit Learning Center
Mini Gan Izzy Summer Camp 2019**

24412 Narbonne Ave.

Lomita, CA 90717

Phone: 310-626-2220 Website: Chabadsb.org

Child

First _____ Middle _____ Last _____ Male ___ Female__

Birth date ____/____/____ (Age) _____

Street Address _____

Town/City _____ State ____ Zip code _____ Child’s Home Phone _____

Parent/Guardian - Contact Information

Father’s First Name _____ Last _____ Cell: _____

Mother’s First Name _____ Last _____ Cell: _____

Street Address _____

Town/City _____ State ____ Zip Code _____ Home Phone _____ Work Phone _____

E-mail _____

Emergency Contact Information

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Asthma, Seizures).

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

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. I understand that the Bilowit Learning Center or Chabad of South Bay will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Schedule and Fees

July 1 – July 5 (week 1)	Full time <input type="checkbox"/> \$225	Part time <input type="checkbox"/> \$160
July 8 - July 12 (week 2)	Full time <input type="checkbox"/> \$225	Part time <input type="checkbox"/> \$160
July 15 - July 19 (week 3)	Full time <input type="checkbox"/> \$225	Part time <input type="checkbox"/> \$160
July 22 - July 26 (week 4)	Full time <input type="checkbox"/> \$225	Part time <input type="checkbox"/> \$160
July 29 – August 2 (week 5)	Full time <input type="checkbox"/> \$225	Part time <input type="checkbox"/> \$160

Please circle how you heard about the Bilowit Learning Center.

Website School _____ Word of Mouth Flyer Other _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during camp. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Bilowit Learning Center and its affiliates.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **Bilowit Learning Center** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____