

**Uniondale Campus**  
**Trudy Rubinstein, Director**  
**Summer Office**  
 215 Oak Street  
 Uniondale, NY 11553  
 Tel. (516)538-8161x36



Account No. \_\_\_\_\_  
 Total Rate \_\_\_\_\_

**Winter Office**  
 240 Hempstead Avenue  
 West Hempstead, NY 11552  
 (516)565-5640x222

Name of Child \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
 (First) (Last)  
 Date of Birth \_\_\_\_\_ Grade Sept. 2012 \_\_\_\_\_ Name of School \_\_\_\_\_  
 Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Family E-mail \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Bus. No.(\_\_\_\_\_) \_\_\_\_\_ Cell No. (\_\_\_\_\_) \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Bus. No. (\_\_\_\_\_) \_\_\_\_\_ Cell No. (\_\_\_\_\_) \_\_\_\_\_  
 Parent Marital Status \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_  
 Emergency Contact (other than parent) \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 Name of 1 friend with whom to group your child \_\_\_\_\_  
 Cross Streets \_\_\_\_\_  
**TRANSPORTATION REQUESTS RECEIVED AFTER JUNE 5TH CANNOT BE HONORED UNTIL AFTER THE FIRST WEEK OF CAMP. THERE WILL BE NO ADJUSTMENTS MADE FOR TRANSPORTATION.**

(Please Check One)

Ages 4-12 Full Session \_\_\_\_\_ First Session \_\_\_\_\_ Second Session \_\_\_\_\_ Other (Min. 3 weeks) \_\_\_\_\_

CIT (Entering 8th Grade) Full Session \_\_\_\_\_ First Session \_\_\_\_\_ Second Session \_\_\_\_\_ Other (Min. 3 weeks) \_\_\_\_\_

CA (Entering 9th Grade) Full Session \_\_\_\_\_ First Session \_\_\_\_\_ Second Session \_\_\_\_\_ Other (Min. 3 weeks) \_\_\_\_\_

RoadRuach (July 31-August 22) \_\_\_\_\_ Combo of Ruach (July 2-July 30 )and RoadRuach (July 31-Aug. 22) \_\_\_\_\_

*Additional \$100 Sibling Discount per each additional child (Full Summer Only) - Excludes RoadRuach*

This application must be accompanied by a deposit of \$500. The balance must be paid in two installments - 50% by March 30, 2012 and 50% by May 15, 2012. All financial arrangement must be completed by June 1, 2012. Note: NO CAMPER WILL BE ADMITTED INTO CAMP IF BILL IS NOT COMPLETELY PAID BY JUNE 1, 2012. NO FULL REFUNDS WILL BE GIVEN AFTER MAY 15, 2012. There are no refunds, discounts or substitution of days due to absences, illness or withdrawal . Camp will be closed on Wednesday, July 4 . Ruach Day Camp reserves the right to cancel registration and refund any payments, for any campers on a bus route which has fewer than eight campers by June 1, 2012.  
 Ruach Day Camp is licensed by the Nassau County Dept. of Health. Camp facilities are inspected twice yearly and inspection reports are available at the Nassau County Dept. of Health, 106 Charles Lindbergh Blvd., Uniondale. Inquiries can be made Monday-Friday 9:00AM - 4:45PM at (516)227-9717.

I hereby release the organization of responsibility in case of uncontrollable accidents. In an emergency situation where the attempt to contact the family has proved unsuccessful, I authorize the doctor or the hospital to which my child(ren) has (have) been brought to perform any emergency procedure or operation, to give treatment, administer anesthetic to my child(ren) during his/her stay in camp. I give permission for my child to go on all trips and participate in any off-premises swimming. I understand the pictures of my child may be used on the camp website and for promotional purposes.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Deposit Amount \_\_\_\_\_ Check Number \_\_\_\_\_

