



Mishkan Israel Day Camp

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2019 Summer Day Camp Registration Application

Surname: _____ **First Name:** _____

Preschool: Boy Girl

Primary School: Boy Girl

Date Beginning: _____ Date Ending: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Phone(s): Home: _____ Work: _____ Age as of June: _____

D.O.B: _____ Hebrew Name: _____ Nickname: _____

Father's Name: _____ Mother's Name: _____

School: Public Hebrew Yeshiva _____ Grade Coming Year: _____

Family Doctor: _____ Phone: _____

Alternate Doctor: _____ Phone: _____

Allergies Yes No If Yes, List All: _____

In Case of Emergency G-d Forbid Contact: _____ Phone: _____

Relationship: _____

T-Shirt Size: Extra Small Small Medium Large

Number of Shirts You Wish to Order (Shirts are \$5 each) _____

*If an emergency G-d forbid, arises, and none of the above numbers can be contacted, I hereby give Mishkan Israel Day Camp full permission to take whatever measures it feels necessary to ensure the safety of my child/children. I hereby give my child/children my full permission to go on all trips and outings with Mishkan Israel Day Camp at all times. **I hereby fully agree to all financial obligations and responsibilities.** As per camp policy, no medications are dispensed at camp. I hereby give permission for images and videos of my child, captured during camp through video, photo and digital camera, to be used solely for the purposes of Mishkan Israel Day Camp promotional material, publications, and videos.*

Signature of Parent / Legal Guardian: _____

Date: _____