

Camp Emunah - B'nos Yaakov Yehuda

Name of Camper: _____
(Last name) (First-English) (Hebrew)

Address: _____
(Street) (City) (State)

(Zip) (Country) Phone: _____

Fax: _____ Email: _____

Date of Birth: _____ Hebrew D.O.B. _____ Place of Birth: _____
(Month/day/year)

School: _____ Principal: _____

Address: _____ Phone: _____

Hebrew grade completing in June: _____ English grade completing in June: _____

Name of parents: _____
(Father) (Mother)

Mother's maiden name: _____

Occupation: _____
(Father) (Mother)

Business Address:
Father's: _____ Phone: _____

Father's Mobile: _____ Mother's Mobile: _____

Mother's: _____ Phone: _____

Summer Address: _____ Phone: _____

Marital Status (head of family): Married ____ Separated ____ Divorced ____ Widowed ____

Health Insurance Provider _____ No: _____

Medicaid No: _____ Name of family physician: _____

Address: _____ Phone: _____

Do you have a TV? ___ VCR ___ Computer ___

Alternate person to contact in case of emergency: Name: _____

Phone: (day) _____ (evening) _____