

**TODAH TO HASHEM FOR OUR 12th YEAR OF CAMP TODAH**

Registration for 2024 - Where Fun & Middos go hand & hand!!!

Super exciting!!! and perfectly balanced; Fun, warmth, & structured!!!

Where happiness and friendship reigns!! With our hand picked Morahs & counselors that wear a smile all day long!! Where we learn to explore & appreciate everything that Hashem makes for us!!, through songs, experiments, arts & crafts, sensory, dance, awesome fun, epic shows, trips, water fun, fantasy & Happiness!!

Where we just say TODAH!!!!!! ALL DAY LONG!!!!!!

TODAH HASHEM!!!!FOR CAMP TODAH!!!!

DATES:

July 1st To August 22nd

Located @ 805 Cross Street (Shiras Chaim Building)

732-604-7138 ~ camptodah@gmail.com ~ www.camptodah.com

Divisions are as follows: (separate classrooms)

- **TODAH TOTS** 18 months & 2 years \$650 Per Half
- ★ **TODAH JUNIOR** Boys & Girls 3 & 4 years \$550 Per Half
- ★ **TODAH BONIM** Boys entering Primary \$550 Per Half
- ★ **TODAH BANOS** Girls entering Primary \$550 Per Half
- ★ **TODAH SENIORS** Girls 2nd-3rd \$650 Per Half

Hours: *BASIC HOURS: 9:30-3:00

Todah Clubs: Till * 4:00PM:\$150

Toda Early * 9:00AM Drop off :\$100



Registration should include a \$200 non-refundable deposit fee per child due now that will be applied towards your total. Remaining balance should be paid by June 1st. You can sign up for either half or whole summer. If you decide to apply only for one half please have in mind that we can not guarantee a slot if later you decide to sign up for the other half. If you choose to take your child out of camp for a week, please understand that we will be unable to offer you a refund.

Our Amazing!! Program Includes:

We have planned The very Best!! program for your child!!! We include Hot lunches & snacks. We have fun and amazing Head Counselors!! Dance classes, Performance, Music activities, Arts & Crafts, Projects and hands-on activities, fun experiments, fine & gross motor skills. We have a Game room filled with super fun games and toys, Ride room, Glow Room, a big playground, raffles, prizes, Davening, Exciting Shows, we do sports, puppet shows, story telling, adorable Camp songs, Circle Times & little Gymnastics for the younger ones, Water fun, water slides, swimming, Food decoration, Oneg Shabbos gathering & songs, Alef beis/kriya review for Primary & up, Parsha shiur, Kid friendly break outs, Hotline and much more Fun!!!

***In order for us to hold your slot, your application must include:**

***All completed forms & a non refundable deposit of \$200 per child which goes towards the camp fee. * Payment of remaining balance is due on June 1st**

Looking forward to an amazing Summer!

Rachel Leah Peretz Director & Sharon Fogel Assistant Director

Mailing address; 28 Kingsfield Dr. Lakewood NJ 08701 732-604-7138

camptodah@gmail.com www.CAMPTODAH.com



Last Name: _____

Mother's Name: _____ Occupation: _____ Cell: _____

Please indicate how can we add you to our camp chat: Whatsapp: _____ Only Text: _____ Opt out _____

Father's Name _____ Occupation: _____ Cell: _____

Home Address: _____ City, State, Zip: _____

Email: _____ Home Phone: _____

Pediatrician: _____ Phone: _____

Campers Information:

1- Child#1: First Name _____ Name called _____ Entering grade 24': _____

Morah/School: _____ Number: _____ B-Day: ____/____/____

Bunk Placement with: _____ Allergies? Y/ N Explain: _____

2-Child#2: First Name _____ Name called _____ Entering grade 24': _____

Morah/School: _____ Number: _____ B-Day: ____/____/____

Bunk Placement with: _____ Allergies? Y/ N Explain: _____

3- Child#3: First Name _____ Name called _____ Entering grade 24': _____

Morah/School: _____ Number: _____ B-Day: ____/____/____

Bunk Placement with: _____ Allergies? Y/ N Explain: _____

PLEASE TELL US WHAT ARE YOU APPLYING FOR...

CHECK ONE: Full Summer: First Half: Second Half:

4:00PM Clubs: 9:00AM Early Transportation? YES / NO

Select payment \$200 non - refundable deposit fee per child is required to process registration & Payment of remaining balance is due June 1st, it can be paid either on a postdated check made out to cash or leave blank and mail it to **28 Kingsfield Dr, Lakewood NJ 08701** or by cash, zelle or you can leave a CC information (Please note that a 4% bank surcharge fee will be added for all credit card payments)

Upon Paying deposit of :\$ _____ Check: # _____ CC: Zelle: Cash:

How will I pay my balance of? \$ _____ Check: # _____ CC: Zelle: Cash:

Please charge my card on file for the remaining balance on June 1st: Please charge me in full now:

Name on CC: _____ Billing address _____ Zip: _____

Account#: _____ Exp: _____ Sec.Code: _____

Sign of authorization: _____ Date: ____/____/2024



Dear Parents, עמו"ש

I'm hoping that we will enjoy a Fun and happy summer at our camp program. We will בעזרת השם try our best to keep the safety of your child as our utmost priority.

Please fill up the emergency form and sign the liability waiver.

Thank you so much, and once again I'm looking forward to a safe and enjoyable summer בעזרת השם

Liability Waiver

I understand that although the teachers & counselors will do their best to protect and to keep the safety of my child, I assume full responsibility in every way if my child gets injured, be it before, during or after hours, whether in premises, grounds or on a trip and hold harmless Rachel Leah Peretz and directors of Camp Todah from any and all claims, demands, suits, cost, and charges in connection with any injuries, both in a Din Torah or Secular court. I allow Rachel Leah Peretz or the teacher in charge to take any action that she feels necessary in any case, for medical or any other expense incurred. Any expenses are my responsibility. I hereby grant permission for Rachel Leah Peretz or the teacher in charge full authority to take whatever actions they deem necessary regarding my child's health and safety in the event I cannot be reached or in the situation where time is of the essence; and fully release Rachel Leah Peretz and the teachers in charge from any liability in connection with those decisions.

I grant permission for emergency treatment by a rescue squad, private physician and/or hospital or emergency health care facility staff if needed. Any such action will be taken in the best interest of my child and will be reported to me as soon as possible.

I HAVE READ THROUGH THE CAMP INFORMATION AND AGREE TO THE TERMS AND CONDITIONS STATED IN THE INFORMATION PACKET I UNDERSTAND THIS CONSENT AND LIABILITY WAIVER FORM AND SIGN VOLUNTARILY AND WILL LIKE TO REGISTER MY CHILD/CHILDREN.

Family Last Name: _____

Name of Children _____

Mother's Name: _____ Signature: _____

Father's Name _____ Signature: _____

Date: ____/____/2024



TRANSPORTATION

ONE HALF: \$240 Full Summer: \$480

to Toms River/Jackson/Manchester/Lakewood

IF YOU WILL LIKE TO APPLY FOR TRANSPORTATION, KINDLY FILL OUT THIS FORM:

LAST NAME: _____ NUMBER OF CHILDREN: _____

CHILDREN NAME(S) & AGES IN THE SUMMER: _____

- I WOULD LIKE TO APPLY FOR WHOLE SUMMER TRANSPORTATION
- I OPT OUT

HOME ADDRESS _____ Township _____

Neighborhood: _____

NEAREST INTERSECTIONS; _____ & _____

CELL PHONE NUMBER(S) WHERE WE CAN SEND ANY TEXT FOR BUS UPDATES: _____

TRANSPORTATION PAYMENT:

- I HAVE ENCLOSED PAYMENT FOR VAN TRANSPORTATION CHECK(S)
NO. _____ \$ _____
- I HAVE LEFT MY PAYMENT INFORMATION
- MY BALANCE FOR TRANSPORTATION FOR THE WHOLE SUMMER IS
\$ _____

PARENT NAME _____ SIGN: _____ DATE: __/__/24

- PLEASE SUBMIT THIS FORMS TO : CAMPTODAH@GMAIL.COM OR
- MAIL IT to : 28 KINGSFIELD DR, LAKEWOOD NJ 08701
- WHATSAPP A "CLEAR" PICTURE TO 732-604-7138

RACHEL LEAH PERETZ - CAMP DIRECTOR