

# HATB – 2026 CAMP APPLICATION FORM

| Please provide the following information about your <u>CHILD</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                                                  |                                                                  |                                                                    |                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------|--|
| Child Name: Last, First, Middle:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                                                                  | Street Address:                                                  |                                                                    |                                                                    |  |
| Date of Birth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Hebrew Name:              | City, State, Zip:                                                                                                | Interested in Extended Care<br><input type="checkbox"/> Early AM |                                                                    |                                                                    |  |
| Home Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           | Age on 6/1/26:                                                                                                   | <input type="checkbox"/> WHOLE SUMMER<br>(July 6 - 30)           | <input type="checkbox"/> WEEK 1<br><input type="checkbox"/> WEEK 2 | <input type="checkbox"/> WEEK 3<br><input type="checkbox"/> WEEK 4 |  |
| Please provide the following information about your child's previous camp history:                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                                                  |                                                                  |                                                                    |                                                                    |  |
| Previous Camp Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                                                                                                  | Address:                                                         |                                                                    |                                                                    |  |
| Does your child have an IEP, 504 plan or any special needs that the staff should be aware of?                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                                                                  |                                                                  |                                                                    |                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                                                                                                                  |                                                                  |                                                                    |                                                                    |  |
| Please provide the following information about your family:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                                                  |                                                                  |                                                                    |                                                                    |  |
| <b>For Father:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Last Name, First, Middle: |                                                                                                                  |                                                                  |                                                                    |                                                                    |  |
| Home Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                                                                  | Email Address:                                                   |                                                                    |                                                                    |  |
| City, State, Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                                                                  | Best Contact Phone #:                                            |                                                                    |                                                                    |  |
| <b>For Mother:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Last Name, First, Middle: |                                                                                                                  |                                                                  |                                                                    |                                                                    |  |
| Home Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                                                                  | Email Address:                                                   |                                                                    |                                                                    |  |
| City, State, Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                                                                  | Best Contact Phone #:                                            |                                                                    |                                                                    |  |
| Additional family/student information you believe would be helpful for us know know:                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                                                                                                                  |                                                                  |                                                                    |                                                                    |  |
| <b>Emergency Contact:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Last Name, First, Middle: |                                                                                                                  |                                                                  |                                                                    |                                                                    |  |
| Home Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                                                                  | Email Address:                                                   |                                                                    |                                                                    |  |
| City, State, Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                                                                  | Best Contact Phone #:                                            |                                                                    |                                                                    |  |
| I understand that the non-refundable \$50 application fee will be applied to camp tuition. If an emergency arises and none of the above emergency contacts can be reached in a timely manner, I hereby give the Hebrew Academy staff permission to take whatever measures it deems appropriate for the situation. I hereby give permission for my child to be recorded on photograph & video while participating in HATB activities, and for such photographs & videos to be used in HATB materials & media of any type unless indicated below. |                           |                                                                                                                  |                                                                  |                                                                    |                                                                    |  |
| Parent/Guardian Name: _____ Parent/Guardian Signature: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                  |                                                                  |                                                                    |                                                                    |  |
| Parent Notes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                                                                  |                                                                  |                                                                    |                                                                    |  |
| For Office Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           | <ul style="list-style-type: none"> <li>• \$50 Application Fee Paid</li> </ul> Office Signature: _____ Date _____ |                                                                  |                                                                    |                                                                    |  |