C·A·M·P Yoreh Deah יורה דעה
1918 82nd Street, Brooklyn, NY 11214
PHONE: 732-366-3081 | EMAIL: office@campyorehdeah.org

The Camp for Hands-on Halacha

Thank you for your interest in Camp Yoreh Deah – The Camp for Hands-on Halacha.
Camp Yoreh Deah is planning an amazing summer of learning Torah and acquiring the skills and craftsmanship of Torah. Camp Yoreh Deah is designed for the mesivta bachur who wishes to spend his summers in the country air with the ruach of a camp, and in a completely Torah environment.
The program varies from year to year but always centers on mitzvos related to animals and meleches Shabbos. Skills covered in the past include identifying kosher birds, kashering, shatnez, checking for bugs, matzo baking as well as the making wine, cheese and klaf. Shechita (boys will observe shechita from as close as they wish) and basic safrus skills are always included.
Bachurim will learn the relevant sugyos during the morning seder and practice related skills in the afternoon. For a well-rounded camp experience, sports facilities and swimming are available on grounds. Camp Yoreh Deah is planning kashrus related trips at no additional charge. Other trips may be available at extra cost. (Details will be provided in camp.)

Dates & Rates: 5 Av (July 23) – 26 Av (Aug 13) $2,650
Bring-a-Friend Discounts: ($100)
Introduce a friend to the geshmak of Camp Yoreh Deah and receive $100 discount off your tuition.

- To be eligible for Bring-a-Friend your friend must list your name on his application. Discount will be applied after your friend is accepted into Camp.
- Discounts must be marked on the application and payment form to qualify.

A deposit of $500 must accompany all applications. Deposits will be processed upon acceptance to camp. .
For your convenience, there is a credit card form provided along with the application. Checks may be made payable to "Machane Yoreh Deah".
Medical and lunch forms must be submitted at time of application.
Please attach a color photo with your application (required).

Enclosed please find an application. Please return the application to the Camp Yoreh Deah office no later than June 1st. Deposit is due with application. Balance is payable upon acceptance into camp.
Completed applications should be emailed to apply@campyorehdeah.com or mailed to

Camp Yoreh Deah
1918 82nd St
Brooklyn NY 11214

Questions? Call (732) 366-3081 or email: office@campyorehdeah.org

Once again, thank you for your interest. Looking forward to a relaxing and productive summer together.

Sincerely,

Avrohom Reit

Registration closes June 1!

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APPLICATION 2023

Camper Info

Name of Applicant _____Date of Birth_____

Address _____ City _____State_____Zip_____

Camper's Cell # (if applicable)_____

Name of Yeshivah _____ Mesivta for next year (8th Graders only) - _____

Grade_____Rebbe _____

Will you be attending camp together with friends? _____

How did you hear about Camp Yoreh Deah? _____

Names of Camps Previously Attended _____

Reference #1 _____Position _____Phone # _____

Reference #1 _____Position _____Phone # _____

Family Info

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Parents marital status_____

Mother's Cell# _____ Work# _____ Email Address_____

Father's Cell# _____ Work# _____ Email Address _____

Home Phone Number_____

All contact will be via email, unless otherwise requested. Please check here if you prefer: ☐Mail

Emergency Contacts

Name _____ Relationship _____Phone # _____

Name _____ Relationship _____Phone # _____

Camp Dates: 5 Av (July 23) – 26 Av (Aug 13)

Camp Fee: $2,650

Discounts can be applied only if marked on this application and on the payment form.

Discounts: ☐ Bring-a-Friend ($100) Friend referred _____ ☐ Other _____

Camp Policy: The administration reserves the right to confiscate any materials deemed inappropriate to have in camp. Any bachur suspected of smoking or possessing inappropriate forms of technology will be asked to leave camp. In the unfortunate event of any camper leaving early, whether voluntary or not, there will be no refunds orreimbursements.

Sign Here: Applicant's Signature _____Parent's Signature_____

Please return the application together with the deposit, medical and lunch forms to:
Camp Yoreh Deah,
1918 82nd Street,
Brooklyn, NY 11214

Applications can also be emailed to: apply@campyorehdeah.org

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Payment Form

Date: _____ Phone Number: (_____) _____ - _____

Name of Camper _____

Base Price $2,650
Discounts: ☐ Bring-a-Friend ($100) ☐ Other _____
Total: _____
Amount of this Payment: _____ Balance: _____

Method of Payment: ☐ Cash ☐ Check ☐ Zelle ☐ Credit Card
Check Payment: Checks should be made payable to Machane Yoreh Deah.
Please specify the campers name on all checks.

Zelle: Zelle email: office@campyorehdeah.org Name: Jewish Studies Enrichment Inc. Please include the camper's name in the memo.

Credit Card Payment
Cardholder's Name: _____
Card Type: ☐ Visa ☐ MasterCard ☐ Discover
Credit Card #: _____
Exp. Date _____ Security Code _____
Amount of Charge: $ _____
This payment shall be counted towards: ☐ Deposit ☐ Payment in Full (one time payment) ☐ Monthly payments (once monthly until July 1st) ☐ 2 Payments *(May 15th & July 1st)*

Billing address
Street: _____
City _____ State _____Zip _____
Signature _____

A deposit of $500 must accompany all applications. Deposits will be processed upon acceptance.

For Office Use Only
Transmit date: _____

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MEDICAL FORM 2023

Campers Info

Name _____ Date of Birth _____

Health Care Providers

Name _____ Phone _____

May we contact your child's health care provider? ☐ Yes ☐ No

Physical Health History

Please check all that apply.

- ☐ Anorexia, Bulimia
- ☐ Back Problems
- ☐ Bleeding, Clotting
- ☐ Chest Pain, Dizzy, Passing Out
- ☐ Diarrhea, Constipation
- ☐ Glasses, Contacts, or Protective Eyewear
- ☐ Head Injury
- ☐ Heart Murmur
- ☐ High Blood Pressure
- ☐ Immunodeficiency
- ☐ Joint Problems (ankles, knees)
- ☐ Knocked Unconscious
- ☐ Mono (in the last 12 months)
- ☐ Other Issue
- ☐ Seizures, Convulsions
- ☐ Short of Breath, Wheezing
- ☐ Skin Problems (itching, rash)
- ☐ Sleep Walking

☐ *My son has not had any of the above.*

Allergies

Any known allergies ☐ **Yes** ☐ **No**

Type Food / insect / medicine / seasonal-environmental	**Specify**	**Last known reaction**	**Please describe the reaction and how it is treated**	**Is there a risk of an anaphylactic reaction**

Will your son bring an Epi-Pen to camp? ☐ Yes ☐ No

Asthma

Does your son have asthma ☐ Yes ☐ No

Check any triggers that may cause a flare-up.

- ☐ Exercise
- ☐ Fatigue
- ☐ Food Item
- ☐ Dehydration
- ☐ Respiratory Infection/Common Cold
- ☐ Smoke
- ☐ Stress
- ☐ Other

Peak Flow Meter

When are peak flow readings taken? (if applicable)

☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other

Best Range_____ Caution Range_____ Danger Range_____

What should be done if reading drops into the caution range?

_____

What should be done if reading drops into the danger range?

_____

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Diabetes

Does your son have diabetes ☐ Yes ☐ No

When is blood sugar readings taken? ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other

What is your sons blood sugar range? From _____ to _____

Does your son use insulin? ☐ Yes ☐ No

When was his last blood sugar reaction? Month _____ Year _____

Are there any particular stressors that affect his blood sugar level?

_____

In addition to meals, describe your child's pattern for snacks (times, what is eaten, etc).

_____

Recurring Health Issues

Are there any recurring or chronic health issues (frequent headaches, sinus infections, earaches, etc.)?

☐ Yes ☐ No Issue _____

Description & Treatment Describe the problem and how to treat it. Provide as much detail as possible.

_____

Operations and Serious Injuries

Has your son ever had any operation or serious injuries ☐ Yes ☐ No

Date of operation or serious injuries _____

Describe the operation or injury in as much detail as possible. _____

_____

Other Issues

Are there any other physical health issues? ☐ Yes ☐ No Explain _____

Medications

Medication EX: ADVIL PM	**Dosage** EX: 2 X 100MG	**Initial Count** EX: 20	**Start Date-End Date**	**When is it administered?** As Needed Breakfast Lunch Dinner Bedtime Other	**Reason for Medication**	**Special Instructions**

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Diseases	Test Date (approx.)	Results
Tuberculosis	_____/_____/_____	☐ Positive ☐ Negative ☐ Not Tested

Has your son had any of the following? If yes, indicate the approximate date of last occurrence.

	(Approximate Date)	
COVID-19	_____/_____/_____	☐ Never had COVID-19
Chicken Pox	_____/_____/_____	☐ Never had Chicken Pox
German Measles	_____/_____/_____	☐ Never had German Measles
Hepatitis A	_____/_____/_____	☐ Never had Hepatitis A
Hepatitis B	_____/_____/_____	☐ Never had Hepatitis B
Hepatitis C	_____/_____/_____	☐ Never had Hepatitis C
Measles	_____/_____/_____	Never had Measles
Mumps	_____/_____/_____	Never had Mumps
H1N1	_____/_____/_____	Never had H1N1

Is there anything we overlooked? _____

Is there any other medical information we should be aware of? _____

_____

Terms and Conditions

In case of emergency, I understand that all possible efforts shall be made by Camp Yoreh Deah to contact me and my designated emergency contacts in case of an emergency. In case no contact is reachable (or in extreme time-sensitive/life threatening situations), I give permission to the medical staff to conduct the necessary treatment, including hospitalization, anesthesia, or surgery, among others. In case needed, medical providers may disclose the protected health information to all those deemed necessary

By my signature I affirm that this health history is correct and complete to the best of my knowledge and that I have read, understood and agree to the Terms and Conditions specified in this form.

Signature_____ Date _____/_____/_____

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Trip Permission Slip/ Waiver of Liability

Camp Yoreh Deah may occasionally take bachurim off grounds for a variety of reasons. Additionally, Camp Yoreh Deah will be sharing the grounds with another camp which may be taking their bochurim on a "major" trip. There is additional expense for a CYD bochur who might choose to join them on their outing. (Participation in those trips will interfere with the CYD schedule.) This Trip Waiver must be signed and returned to camp in order for a bochur to participate in any of these trips.

By signing below, I (parent/guardian) acknowledge and accept the risk of physical injury associated with participation of all camp activities. I grant permission for my child to go on all camp trips. I grant permission for my son to be transported by car, bus or van, to and from camp as well as all camp trips. Except for gross negligence on the part of Camp, I accept financial responsibility for any bodily or personal injury sustained during the activity. I will hold harmless the camp, sponsoring organization operators of the trip site and the representatives of any of the said organizations from any injury incurred, whether related to the activities or otherwise.

Please Print Name: _____

Please Sign: _____

Free and Reduced-Price Household Application for 2022-2023 – West Virginia Dept. of Education

*USE BLACK OR DARK BLUE **INK**, PRINT NEATLY, COMPLETE ONE APPLCIATION PER HOUSEHOLD*

1. Names of ALL Children in School, Center, or Camp

Last Name	First Name	MI	*Date of Birth* MM/DD/YY	Mark if Foster	Grade	School, Center, or Camp
			/ /	☐		
			/ /	☐		
			/ /	☐		
			/ /	☐		
			/ /	☐		

2. SNAP/TANF NUMBER

If any member of your household receives SNAP or TANF, indicate which program and provide the **10-digit case #**
(If any, SKIP TO PART 5)

SNAP ☐ TANF ☐ | | | | | | | | | | |

3. HOMELESS, MIGRANT, RUNAWAY

If the child you are applying for is **homeless, migrant, or runaway**, check the appropriate box and call your county contact at _____.

Homeless ☐ Migrant ☐ Runaway ☐

4. HOUSEHOLD MEMBERS AND GROSS INCOME FROM LAST MONTH

List each person in the household. For each person who receives income, write the amount received and fill in how often it is received.

Name (Last, First) List **everyone** in the Household. Attach a separate sheet if needed.	Monthly Earnings from Work (Before Deductions)	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Other Monthly Income	Check if no Income
	$	$	$	$	☐
	$	$	$	$	☐
	$	$	$	$	☐
	$	$	$	$	☐
	$	$	$	$	☐
	$	$	$	$	☐

Total Number of Persons in Household _____ ***Total Monthly Income Before Deductions $*** _____

5. Signature and Social Security Number *(Adult must sign.)*

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last 4 digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school system may get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose meal benefits, and I may be prosecuted.

Today's Date | | | | | | |

Last 4 Digits of Social Security Number * * * * | | | |

☐ I do not have a Social Security Number

_____
Signature

_____ **Printed Name**

_____ **Home Phone Number**

_____ **Work Phone Number** | |

_____ **Mailing Address**

_____ **City**

_____ **State**

_____ **ZIP Code**

6. Children's Race and Ethnicity - *(You do not have to complete this part to receive free and reduced price meals.)*

Mark one or more racial identities from this group:

_____ Asian
_____ American Indian or Alaska Native
_____ White
_____ Black or African American
_____ Native Hawaiian or Other Pacific Islander

And mark one ethnic identity from this group:

_____ Hispanic or Latino
_____ Not Hispanic or Latino

7. Other Benefits - *(You do not have to complete this part to receive free and reduced price meals.)*

_____ Yes, school officials may use the information provided on this application to determine my child(ren)'s eligibility for free textbooks, workbooks, and other school supplies.

Do not fill out this part. This is for sponsor's use only. *Annual Income Conversion: Weekly X 52, Every 2 Weeks X 26, Twice A Month X 24, Monthly X 12*

Categorically Eligibility: ☐ -or- Income Eligibility: ☐ _____Free Meals
_____Reduced Meals
_____Denied: Reason: _____

Signature/Stamp of Approving Official _____ Date Approved _____ Date Withdrawn _____

Verification: Confirming Official's Signature _____ Date _____

Follow-up Official's Signature _____ Date _____

"Continue on Back"