



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 or reimbursements.

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: _____

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.

- | | |
|---|--|
| <input type="checkbox"/> Anorexia, Bulimia | <input type="checkbox"/> Joint Problems (ankles, knees) |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Knocked Unconscious |
| <input type="checkbox"/> Bleeding, Clotting | <input type="checkbox"/> Mono (in the last 12 months) |
| <input type="checkbox"/> Chest Pain, Dizzy, Passing Out | <input type="checkbox"/> Other Issue |
| <input type="checkbox"/> Diarrhea, Constipation | <input type="checkbox"/> Seizures, Convulsions |
| <input type="checkbox"/> Glasses, Contacts, or Protective Eyewear | <input type="checkbox"/> Short of Breath, Wheezing |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> Skin Problems (itching, rash) |
| <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Sleep Walking |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> <i>My son has not had any of the above.</i> |
| <input type="checkbox"/> Immunodeficiency | |

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

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?



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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	____/____/____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Tested
Has your son had any of the following? If yes, indicate the approximate date of last occurrence. (Approximate Date)		
COVID-19	____/____/____	<input type="checkbox"/> Never had COVID-19
Chicken Pox	____/____/____	<input type="checkbox"/> Never had Chicken Pox
German Measles	____/____/____	<input type="checkbox"/> Never had German Measles
Hepatitis A	____/____/____	<input type="checkbox"/> Never had Hepatitis A
Hepatitis B	____/____/____	<input type="checkbox"/> Never had Hepatitis B
Hepatitis C	____/____/____	<input type="checkbox"/> Never had Hepatitis C
Measles	____/____/____	<input type="checkbox"/> Never had Measles
Mumps	____/____/____	<input type="checkbox"/> Never had Mumps
H1N1	____/____/____	<input type="checkbox"/> 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.

Camper's name: _____

Parent's Signature: _____