



Thank you for your interest in joining Camp Nageela Midwest Summer 2012. Please fill out this application in its entirety and submit it with the required \$250 application deposit that will go towards the total camp tuition. Please note that your spot is not guaranteed until you receive an official acceptance letter from the Camp.

2012 Application

Girls Session: Wednesday, June 20 – Tuesday, July 10

Boys Session: Wednesday, July 11 – Tuesday, July 31

▶ Girls Visiting Day: Sunday, July 1 ◀ ▶ Boys Visiting Day: Sunday, July 22 ◀

1 CAMPER INFORMATION

Last Name	First Name	Preferred Name	Hebrew Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		City	State Zip
<input type="text"/>		<input type="text"/>	<input type="text"/>
Home Phone	Camper Cell Phone	Camper Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Birthdate:	School Currently Attending:	Hebrew School (If Applicable):	Current '11-'12 Grade:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Has your child attended Jewish overnight camp for at least 3 weeks ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which camp? <input type="text"/>			
Camper's T-shirt size: <input type="checkbox"/> S Kids <input type="checkbox"/> M Kids <input type="checkbox"/> L Kids <input type="checkbox"/> S Adult <input type="checkbox"/> M Adult <input type="checkbox"/> L Adult <input type="checkbox"/> XL Adult			
Please explain any allergies and/or dietary restrictions. <input type="text"/>			
Please explain any medication and/or medical situations. An extensive medical form must be completed upon acceptance. <input type="text"/>			
Applicant is a: <input type="checkbox"/> Returning Camper <input type="checkbox"/> New Camper- If so, please tell us how you heard of Camp Nageela:			
<input type="checkbox"/> Rabbi _____ <input type="checkbox"/> Friend _____ <input type="checkbox"/> Nageela Event _____ <input type="checkbox"/> Search Engine <input type="checkbox"/> Other _____			
Please list two camper references, such as a principal, Rabbi, teacher, counselor or Community Rabbi:			
Name	Relationship	Phone Number	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Relationship	Phone Number	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2 FAMILY INFORMATION

Father First and Last Name	Father Cell Phone	Father Email							
<input type="text"/>	<input type="text"/>	<input type="text"/>							
Father Occupation	Father Employer	Father Work Phone							
<input type="text"/>	<input type="text"/>	<input type="text"/>							
Father's Home Address (if different than camper's)	City	State	Zip Code	Home phone					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Mother First and Last Name	Mother Cell Phone	Mother Email							
<input type="text"/>	<input type="text"/>	<input type="text"/>							
Mother Occupation	Mother Employer	Mother Work Phone							
<input type="text"/>	<input type="text"/>	<input type="text"/>							
Mother's Home Address (if different than camper's)	City	State	Zip Code	Home phone					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Other _____	Custody:	<input type="checkbox"/> Joint	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other _____
Family Affiliation:									
Camper	<input type="checkbox"/> Born Jewish	<input type="checkbox"/> Converted if yes, what year: <input type="text"/>	<input type="checkbox"/> Not Jewish						
Biological Mother	<input type="checkbox"/> Born Jewish	<input type="checkbox"/> Converted if yes, what year: <input type="text"/>	<input type="checkbox"/> Not Jewish						
Biological Father	<input type="checkbox"/> Born Jewish	<input type="checkbox"/> Converted if yes, what year: <input type="text"/>	<input type="checkbox"/> Not Jewish						
Synagogue and Rabbi affiliated with conversion:	<input type="text"/>								
<input type="checkbox"/>	All camp paperwork will be emailed to the email addresses above, if you would like a copy mailed to you, please check here.								
Camper's Emergency Contacts (other than parents):									
Name	Relationship	Phone Number(s)							
<input type="text"/>	<input type="text"/>	<input type="text"/>							
Name	Relationship	Phone Number(s)							
<input type="text"/>	<input type="text"/>	<input type="text"/>							
How many siblings does the camper have? <input type="text"/>	Please list names, ages, and schools they currently attend:								
<input type="text"/>									

3 SPONSORSHIP OPPORTUNITY

Help campers in need attend CNM

I wish to help other children attend Camp Nageela Midwest by making the following donation:

<input type="checkbox"/> Sponsor a camper	<input type="checkbox"/> \$100
<input type="checkbox"/> \$360	<input type="checkbox"/> \$72
<input type="checkbox"/> \$180	<input type="checkbox"/> \$36
	<input type="checkbox"/> Other: \$ _____

4 TRANSPORTATION

Camp Nageela Midwest offer the following round-trip transportation to and from camp. Exact times and details are found in the camper handbook. Camp Nageela Midwest will only provide airport transportation if tickets are booked in accordance to the times and details specified in the camper handbook.

Chicago City \$60.00 Chicago O'Hare Airport \$65.00 Chicago Midway Airport \$75.00 child will be dropped off and picked up

5 CAMP FEES

Camp Tuition: \$2,295

Staff in Training Program (completing grades 11 and 12) \$545

There are many incentive programs and scholarship opportunities available to help every child experience a summer of a lifetime.

WWW.ONEHAPPYCAMPER.ORG. This website organizes incentive programs through the Foundation for Jewish Camp to allow most first and second time campers to receive grants of \$1000 and \$750 off camp tuition, respectively. An online application must be filled out through their website to secure funds. Please check here if you will be applying.

YOUR LOCAL JEWISH FEDERATION. Many federations have funds allocated to help local residents attend Jewish residential camps. Please contact your local Jewish federation to check availability. Please check if you will be applying.

CAMP NAGEELA MIDWEST SCHOLARSHIP FUND. The Camp Nageela Midwest Scholarship Committee is dedicated to helping families that cannot cover the full cost of camp tuition. Families applying for a scholarship from the committee must submit this application, complete with the \$250 deposit, before the scholarship request can be considered. If the amount received from the scholarship committee is insufficient to cover the camping expenses, the family can withdraw the original application and receive all funds returned (including the deposit) if a cancellation is received in writing within 10 days of hearing from the committee. All scholarship forms must be received by March 30, 2012.

LOYALTY DISCOUNT. Families that register and pay in full by November 1, 2011 are eligible for a \$200 loyalty discount. Please check here if eligible.

SIBLING DISCOUNT. Families with more than one child attending Camp Nageela Midwest are eligible for a \$100 discount for each child after the first. Check here if eligible.

REFER-A-FRIEND DISCOUNT. Campers receive a \$100 discount for each new friend that will be attending CNM for the first time. In order to receive the discount, the **new camper** must fill out the name of referrer on his/her application.

6 TOTAL FEES

_____	Camp fee	=	\$ _____
_____	Transportation per child	=	\$ _____
_____	Other fees or discount from _____	=	\$ _____
Grand Total			\$ _____

7 PAYMENT ARRANGEMENT

Payment in full must be the first day of camp

- Charge my credit card the full amount Charge my credit card for the postdated arrangement listed below
 Check for the full amount enclosed Postdated checks are enclosed in the arrangement listed below

1st Charge: **Application Deposit** **\$250** 2nd Charge: Date _____ Amount _____
3rd Charge: Date _____ Amount _____ 4th Charge: Date _____ Amount _____

please send me a scholarship application (refunds will be issued upon approval of scholarship).

Please make checks payable to Camp Nageela Midwest.

8 CREDIT CARD GUARANTEE (REQUIRED) to be filled out by party responsible for financials:

Please supply us with a credit card. If no payment arrangements are made in a timely fashion, the credit card will be used for camp payments and for any unforeseen medical costs during camp. (i.e. prescriptions and/or Dr. fees).

<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	Credit Card Number	Exp. Date	CCV (3 digits)

Billing Address	City	State	Zip	
Billing Name				
Authorized Signature		Date		

9 FINANCIAL RESPONSIBILITY Please complete if the party responsible for the camp fees is not the legal guardian

First Name	Last Name	Relationship to Camper		
Address	City	State	Zip	
Home Phone	Work Phone	Cell Number	Email	
I hereby agree to pay the total camp fees for the camper(s) above.				
Signature (required)			Date	

Please Read Through Carefully

CANCELLATION/REFUND POLICY: Before March 1st, any total or partial cancellation will incur a \$75 service fee. Cancellations from March 1- March 31 will receive all funds back except for the \$250 application deposit. After April 1 there are no refunds.

All cancellations must be submitted in writing to obtain a refund.

TRIP PERMISSION AUTHORIZATION/INJURY POLICY: By completing/signing this application, I hereby authorize Camp Nageela Midwest to take my child off camp grounds to go on trips organized as part of the camping program. This may include swimming and/or boating sites. In addition, my child may participate in any activity organized by Camp, including but not limited to land sports, lake front activities, rope course, indoor activities, bicycling, hiking, cookouts, etc. and we assume the inherent risk of such activities and programs. We will not hold camp responsible in the event of injury, property damage or loss as a result of such activities.

I understand that Camp is not responsible for loss or damage to my child's property incurred during the session or during the transportation to and from camp.

I understand that Camp has the right to dismiss any camper, without refund, who threatens the safety of him/herself or other campers; who willfully damages camp property; who willfully disregards rules of Camp; who steals or intentionally damages the property of other people in camp or who requires significant supervision beyond which the camp can provide. Should my child be dismissed, I understand that I must arrange transportation for my child to leave camp, at my own expense, within 24 hours, and that I am responsible for any additional expenses required to ship luggage home.

MEDICAL RELEASE FOR TREATMENT: I hereby give permission to Camp and its staff and volunteers, to secure emergency medical and surgical treatment and to provide routine, non-surgical medical care for the minor child above, while attending camp. I also understand that if a doctor, hospital or pharmacy does not accept my insurance, I will provide the camp with a credit card number or reimburse the camp for any money laid out and then approach my insurance for payment. I certify that this information is true to the best of my knowledge.

CONFIRMATION: It is highly recommended that you call the camp office to confirm receipt of this application. We cannot be held responsible for mail delays or improper fax transmissions. Please feel free to call the office at 773- 604-4400 if you have any questions.

I have read the camp cancellation/refund policy, the "Trip Authorization," and "Medical Release," and agree to all its conditions and terms. Unless otherwise specified, the parent who signs is responsible for payment of all camping fees.

Parent's Signature (required) _____ Print Name _____ Date _____

Please mail/fax your application to Camp Nageela Midwest: 3542 W. Peterson, Chicago, IL 60659 * Fax: 773-604-4405