

בס"ד



CAMP APPLICATION

תשפ"ד 2024 SUMMER

AN EXCITING AND WHOLESOME SUMMER EXPERIENCE...
INFUSED WITH TALENT!

1 DATES & FEES

Full Summer: July 1st - August 22nd

First Half: July 1st - July 26th

Second Half: July 29th - August 22nd

Camp Hours: Monday - Thursday 10am-3:45pm | Friday: 10am-12:30pm

**9:45 Complimentary early drop-off available

Camp Fees: Rates include lunch, snacks, trips and all talent specialties

**In order to accommodate our parents, there are NO days off between sessions.

Summer 2024	Renanala Entering Primary - 1	Renana Entering Grades 2 - 4	Renana Supreme Entering Grade 5 
Full Summer	\$1,400	\$1,650	\$1,750
Half Summer	\$700	\$825	\$875
Deposit Required	\$150 Half \$300 Full	\$150 Half \$300 Full	\$150 Half \$300 Full
Transportation Fee	\$150 Half \$295 Full	\$150 Half \$295 Full	\$150 Half \$295 Full

**** We provide transportation to Lakewood, Jackson, Toms River, Howell and Manchester.**

2 DEPOSIT/REFUND POLICY

\$300 deposit (\$150 for one half) per camper is required to process the application. Deposit fee will not be charged until the acceptance process is complete. Upon approval, you will be notified by our Camp office.

Any cancellation prior to March 15th will incur a service fee of \$150. No refund requests will be accepted after March 15th. Any cancellation after this date will result in forfeiture of all funds paid. No refunds will be given for missed days/weeks from camp.

3 FAMILY INFORMATION

Last name _____

Address _____

City _____ State _____ Zip _____

Father's name: Rabbi/Mr./Dr. _____

Father's Occupation _____ Cell # _____

Mother's name _____

Mother's occupation _____ Cell # _____

Home Number _____ Marital status M D W

Shul/Rov Affiliation _____

Family reference name and # _____

Best email address for camp communication _____

Emergency contact name and # _____

Emergency contact name and # _____

4 CAMPER INFORMATION

Camper first name _____

Date of Birth _____

School attending _____

Grade entering Sept '24 _____

Full Summer

1st Half

2nd Half

Camp attended last summer?

Any allergies or medication? _____

Will you be needing transportation?

Yes / No

Camp T-Shirt (Additional \$15 per camper)

Yes / No

Camper first name _____

Date of Birth _____

School attending _____

Grade entering Sept '24 _____

Full Summer

1st Half

2nd Half

Camp attended last summer?

Any allergies or medication? _____

Will you be needing transportation?

Yes / No

Camp T-Shirt (Additional \$15 per camper)

Yes / No

5 PAYMENT OPTIONS

Our automated payments system accepts Credit Card or eCheck payments.

Payment installments are available. Payment plans can be extended until June 1st or paid in-full upon registration. We will charge your CC/Debit or eCheck bank account a \$300 deposit upon acceptance and the remaining balance will be divided into equal payments and processed on the 1st of each month thereafter. Payment must be paid up in full by June 1st.

Please select payment method

Check Credit Card eCheck Debit Other

After Deposit is paid, how do you wish to pay the balance?

Equal installment payments each month until June 1st

Please charge me in-full

Credit Card Note: a 3% processing fee will be added to the charge. We do not accept American Express. Debit card, check or echeck will not incur a service fee.

Name on CC _____

Billing Address _____

Address _____

City _____ State _____ Zip _____

Card # _____ Exp. _____ Security Code _____

eCheck

Name on account _____

Account # _____ Bank routing # _____

Sign and return

By signing this form I hereby authorize Camp Renana to debit my account for the payment amount due, as I have selected above.

Parent Signature _____

Date _____

RENANA TALENT CAMP

Summer Location: **Bnos Yaakov Elementary - 2 Kent Rd**

Mailing address: CAMP RENANA 75 Clover Street Lakewood, NJ 08701

Camp Renana Office 732.593.3926

EMAIL camprenana@gmail.com

www.camprenana.com

Please EMAIL application back. Do not mail.