

stx@ystnj.org  
732.538.4538



## Registration and Emergency Medical Information

Please fill out completely and email to: stx@ystnj.org

You will be notified once your acceptance is approved.

1st Trip: Mon, June 26 - Fri, July 21  
2nd Trip: Mon, July 24 - Thurs, Aug 17

Applying for:  Boys Camp  Girls Camp

Child's Full Name (One child per form)		Date of Birth	
Last	First	/ /	
Home Address		City	State
Home Phone	Father's Cell	Mother's Cell	
Current School	Menahel/ Principal	Phone number	
Rebbe/ Limudei Kodesh Teacher		Phone number	
Father's Title & Name		Mother's Title & Name	
Father's Email		Mother's Email	
List Allergies	Current Grade		
Emergency Contact Info (Please fill out 2)			
Name _____		Name _____	
Relationship _____		Relationship _____	
Phone _____		Phone _____	
Pediatrician		Pediatrician's Phone	
Dentist		Dentist's Phone	

I hereby enroll my son/daughter in YST camp subject to these conditions of enrollment. I ENCLOSE A \$250 DEPOSIT UPON REGISTRATION. I understand that the balance in full is due by JUNE 9 2023. I UNDERSTAND THAT THE DEPOSIT IS NEITHER REFUNDABLE NOR ASSIGNABLE UNDER ANY CIRCUMSTANCES AFTER APRIL 1, 2023. I WILL NOT REQUEST A REFUND AFTER THAT DATE.

### Applying for:

- Entire Summer  \$1,979 Regular Rate
- First Trip  Second Trip  \$975 Regular Rate
- Half Trip  \$525 Start date \_\_\_/\_\_\_/\_\_\_ End date \_\_\_/\_\_\_/\_\_\_
- Busing Additional \$30 per week

Signature \_\_\_\_\_ Date / /

- Check of \$250 enclosed
- Deposit paid credit card pay.banquest.com/ystnj

Dep. Amt.

Date Rec. / /

CHK#

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