

CAMP MOSHAVA OF WILD ROSE, WI • Summer 2009 • SCHEDULE OF DATES & TUITION

	PROGRAM	FOR CAMPER'S COMPLETING GRADES:	BEGINNING DATE	ENDING DATE	TUITION (Prior to Discount)
	MATCHILIM (2 week beginner program)	3,4	Tues. - June 23	Mon. - July 6	\$1,495 (See note on discounts)
4-week Programs	1st Period	3,4,5,6	Tues. - June 23	Mon. - July 20	\$3,175
	2nd Period	6,7,8	Wed. - July 22	Tues. - Aug. 18	\$3,175
	Machal	9	Tues. - June 23	Mon. - July 20	\$3,315
	Mach Hach	10	Wed. - July 22	Tues. - Aug. 18	\$3,315
	Madrich-in-Training	11	Mon. - July 20	Tues. - Aug. 18	\$675 (Discounts not applicable)
8-week Programs	Full Season	6	Tues. - June 23	Tues. - Aug. 18	\$5,555
	Machal/Avodah I	9	Tues. - June 23	Tues. - Aug. 18	\$4,115
	Avodah II/Mach Hach	10	Fri. - June 19	Tues. - Aug. 18	\$4,115

VISITORS' DAY
Sunday, July 12, 12 noon – 5:30 p.m. Chicago Time

OPEN HOUSE for Prospective 2010 Campers
Sunday, Aug. 2, 1:00 – 5:30 p.m. Chicago Time

ACCEPTANCE

NEW CAMPER'S: First-time attendees of Camp Moshava of Wild Rose, WI, may be contacted by the camp for an interview to establish that the camp is suitable for the child, and the child for the camp.

HIGH SCHOOL CAMPER'S: High school campers attending Camp Moshava of Wild Rose, WI, for the first time must submit a letter of recommendation from a teacher or principal, and may also be contacted for an interview. This applies to all MIT applicants as well.

DISCOUNTS & INCENTIVES

RETURNING CAMPER FAMILIES: Register by December 1, 2008 and receive a \$200 discount per camper.

NEW CAMPER FAMILIES: \$1,000 Esformes New Camper Incentive is available, on a limited, first-come first-served basis for full session campers.

EARLY PAYMENT DISCOUNT: Campers paid in full by December 1, 2008 receive an additional \$200 discount. If paid in full by January 1, 2009, receive a \$100 discount.

MEMBER DISCOUNT: Campers who are current members of Bnei Akiva receive a \$40 discount; parents who are current members of Religious Zionists receive a \$60 discount for the first camper enrolled. (Membership application enclosed.)

SIBLING DISCOUNT: Families sending a 2nd child to camp receive a \$200 discount for the second child and a \$300 discount for each additional child.

MATCHILIM: Discounts other than member discount do not apply to Matchilim campers.

EARLY REGISTRATION PRIZE: Campers who register by February 15, 2009 will receive a unique Moshava gift in camp.

SCHOLARSHIPS

Scholarships are awarded based upon financial need. Applications must be received by February 1, 2009 to ensure review for maximum scholarships, including Federation grants for Chicago area campers. Scholarships received from February 1 – May 1 will be reviewed for remaining grants.

PAYMENTS & FEES

REGISTRATION FEES:

Matchilim & four-week campers: A \$350 registration fee, of which \$100 is non-refundable, must accompany registration.

Eight-week campers: A \$450 registration fee, of which \$100 per session is non-refundable, must accompany registration.

CAMPING TUITION PAYMENT DEADLINE: All camping tuition and fees are due by May 1, 2009. Campers will not be permitted to attend until all camping tuition and fees have been paid and a completed medical form has been returned to the office.

ADDITIONAL FEES: The camping tuition includes laundry and medical services provided in camp. Prescriptions, doctor visits outside camp, and canteen fees are not included. There is an additional \$100 luggage/ transportation fee for all campers using the camp's luggage truck and bus service.

CANCELLATIONS, CHANGES, & REFUNDS

PARTIAL ATTENDANCE: Camp Moshava cannot pro-rate camping fees for late arrivals or early departures.

CAMPER DISMISSAL: Campers sent home for disciplinary reasons will NOT receive a refund.

CANCELLATIONS: Refunds follow the schedule below.

	Refund for full cancellation
Before April 1	100% of tuition, minus non-refundable portion of registration fee
April 1 – April 30	100% of tuition, minus full registration fee
May 1 – May 31	50% of tuition, minus full registration fee
June 1 and after	No Refund



Camp Moshava of Wild Rose, WI

Under the auspices of Religious Zionists of Chicago and its youth affiliate, Bnei Akiva of Chicago



Please send completed registration form, parent questionnaire, and registration fee to: Camp Moshava of Wild Rose, WI 3740 West Dempster St. Skokie, IL 60076 Fax (847) 674-9736 If faxing forms in, please mail original copies to the camp office

CAMPER REGISTRATION FORM

Please check program camper is registering for:

	Program	Completing Grades	Dates	Tuition
2 weeks	<input type="checkbox"/> Matchilim	3-4	Tues. 6/23/09 – Mon. 7/6/09	(\$1,495)
Four weeks	<input type="checkbox"/> 1 st Period	3-6	Tues. 6/23/09 – Mon. 7/20/09	(\$3,175)
	<input type="checkbox"/> 2 nd Period	6-8	Wed. 7/22/09 – Tues. 8/18/09	(\$3,175)
	<input type="checkbox"/> Machal	9	Tues. 6/23/09 – Mon. 7/20/09	(\$3,315)
	<input type="checkbox"/> Mach Hach	10	Wed. 7/22/09 – Tues. 8/18/09	(\$3,315)
Eight weeks	<input type="checkbox"/> Full Season	6	Tues. 6/23/09 – Tues. 8/18/09	(\$5,555)
	<input type="checkbox"/> Machal/Avodah I	9	Tues. 6/23/09 – Tues. 8/18/09	(\$4,115)
	<input type="checkbox"/> Avodah II /Mach Hach	10	Fri. 6/19/09 – Tues. 8/18/09	(\$4,115)

* Fees listed do not reflect discounts outlined in Schedule of Dates and Fees.

FOR OFFICE USE ONLY

Date received _____

Acknowledged _____

Please use blue or black ink and print clearly.

CAMPER INFORMATION

Please indicate: New Moshava Camper Returning Moshava Camper Prior Years at Moshava _____

Camper's name _____ Hebrew name _____
Last First

Grade to be completed in June 2009: _____ Gender _____ Age _____ Date of birth ____/____/____

Address _____ City _____ State _____ Zip _____

Home phone _____ Camper's email address _____

Camper attends: Hebrew school Day school Name of Hebrew/Day school(s) _____

If camper was at Moshava last year, who were his/her counselors? _____

REFERRAL INFORMATION

How did you hear about Camp Moshava?

Bnei Akiva Open House in my city Media Ad (please list) _____ Other _____

Camp Shabbaton School Visit Family Moshava Camper (please list name:) _____

PARENT/GUARDIAN INFORMATION

	MOTHER/GUARDIAN	FATHER/GUARDIAN
Name		
Home Address		
Home Phone		
Work Phone		
Cell Phone/Pager		
Fax		
Email (Please print clearly!)		
Occupation		

Parents are: Married Divorced Separated Other (explain:) _____

If parents are divorced or separated, with whom does child reside? _____

EMERGENCY CONTACTS (NOT PARENTS)

Contact #1 _____ Phone _____ Relationship _____

Contact #2 _____ Phone _____ Relationship _____

(Registration form continues on back)

BILLING INFORMATION

CAMPER'S NAME: _____

- Is camper paid member of Bnei Akiva,
or is payment enclosed? Yes No
- Are parents paid members of Religious Zionists,
or is payment enclosed? Yes No
- Is a sibling also now registering for camp
(or already registered)? Yes No

Help campers in need attend Moshava:

- I wish to help other children attend Camp Moshava
by making the following donation: \$ _____
- I wish to donate my 1st time camper incentive back
to the scholarship fund.

*Donation is tax-deductible and will be added into
your camping fees bill.*

Please select from one of the following four payment plan options:

- A** Charge my credit card now for the full balance.
- B** Charge my credit card now for the registration fee only, and
charge the remaining balance in **monthly installments on
the 1st of the month** between now and May 1, 2009.
 Visa MasterCard
- Card #: _____ Exp. _____
Security Code #: _____

- C** Check enclosed for the full balance.
- D** Check enclosed for registration fee. (I will send post-dated
checks due in full by May 1, 2009 for the remaining balance,
after I receive my 1st invoice)

REMINDERS:

- **ALL CAMPING FEES MUST BE PAID BY MAY 1, 2009.**
- *The parent who signs below is responsible for payment of the camping fees.*

REGISTRATION POLICIES

Camp Moshava of Wild Rose, WI, does its utmost to ensure the safety and supervision of every camper. Each camper is an equally important member of the Camp Moshava community; we strive to help each one maximize his/her Moshava experience.

- 1) I hereby give my child permission to attend the indicated program at Camp Moshava of Wild Rose, WI ("the Camp"), and to participate in all camp-sponsored activities, which may include (but are not limited to) high ropes/adventure challenge activities, horseback riding, bicycling, canoeing, and whitewater rafting. I agree to hold harmless the camp (and its directors, employees, and agents) from any liabilities except for harm that befalls my child during camp-sponsored activities directly as a result of the camp's gross negligence or willful misconduct.
- 2) I hereby give my child permission to leave the camp grounds, and to ride in transportation provided by the camp, for supervised camp programs and/or for medical treatment.
- 3) I hereby give Camp Moshava permission to contact my child's school, including teachers, principals, guidance counselors, and/or school psychologists/social workers, to verify that my child is capable of participating in a group setting in a productive, positive manner, and that the camp is suitable for my child, and my child for the camp.
- 4) I hereby give Camp Moshava permission to use pictures and video images of my child for publicity materials and on the camp's Web site.
- 5) I understand that cancellation of or changes to this registration will be subject to the fees and refund schedule, including forfeiture of portions or all of the registration fees, outlined in Camp Moshava's schedule of dates and fees.
- 6) I understand that my child will not be permitted to attend Camp Moshava until all fees have been paid and a completed medical form has been returned to the office.
- 7) I understand that Camp Moshava is not responsible for loss or damage to my child's personal property incurred during the session or during transportation to and from camp.
- 8) I give permission to the physician and nurses selected by the camp director to provide routine health care, prescribe medications, and administer over-the-counter drugs to my child as needed. In case of surgical or medical emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child. Camp Moshava will make every effort to immediately contact parents in the event of an emergency.
- 9) I understand that my child is required to observe and follow the rules of camp, both those outlined in the parent handbook as well as those communicated verbally and in writing to campers during the camp session.
- 10) I understand that Camp Moshava 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 the rules of Camp Moshava; who steals or intentionally damages the property of other people in camp; or who requires significant supervision beyond what the camp can provide. Should my child be dismissed for disciplinary reasons, I understand I must arrange transportation for my child to leave camp, at my expense, within 24 hours, and that I am responsible for any additional expenses required to ship luggage home.
- 11) I certify that all information I have provided or will provide in this application, the parent questionnaire, and the medical form is truthful and accurate, and understand that if my child is dismissed from Camp Moshava as a result of inaccurate or incomplete information I have provided, Camp Moshava is not obligated to refund any tuition.

Camp Moshava reserves the right to reject any application at its discretion, in which case the full registration fee will be refunded.

I have read and hereby accept the registration policies of Camp Moshava, and attest that all information I have provided is both true and accurate.

(Signature of Parent or Guardian) [REQUIRED] Date _____

I agree to cooperate with the camp staff and with my fellow campers. I also agree to observe the camp rules, and help make my experience at camp positive for me, my fellow campers, and the entire camp community.

(Signature of Camper) [REQUIRED]

Remember:

- Sign this application
- Enclose your registration fee
- Enclose your signed parent questionnaire

BUNK REQUESTS (NOT APPLICABLE FOR HIGH SCHOOL PROGRAMS)

Camp Moshava attempts to honor at least one request; requests will be honored where possible, but not guaranteed. Since the process of dividing bunks requires significant flexibility, please list at least three names in the spaces below:



Camp Moshava of Wild Rose, WI

Under the auspices of Religious Zionists of Chicago and its youth affiliate, Bnei Akiva of Chicago



Please attach photo of camper (required)

PARENT QUESTIONNAIRE

This form must be submitted together with camper registration form.

Your detailed answers to these questions will provide our staff with important background information that will help us provide attention and understanding to your child's needs. This information will be kept confidential, and will help us enrich your child's experience at Camp Moshava. This form must be filled out by a parent/guardian.

Camper is registering for: Matchilim Machal - Avodah I 1st Period Machal only 2nd Period Avodah II - Mach Hach Full Season Mach Hach only

CAMPER INFORMATION

Please use blue or black ink and print clearly.

Please indicate: New Moshava Camper Returning Moshava Camper Years at Moshava _____

Camper's Name _____
Last First

City of residence _____ Home Phone: _____ Date of birth ____/____/____

Name of school _____ Grade to be completed in June 2009: _____

Parents are: Married Divorced Separated Other With whom does child reside? _____

If parents are divorced or separated, please describe the custody arrangement and child's relationship with each parent:

Has child sustained any significant losses or changes in the last few years (e.g., death or serious illness of a family member)?
 Yes No If yes, please explain: _____

YOUR CHILD AT CAMP MOSHAVA

Is your child eager to come to Camp Moshava? Yes No

If not, please explain why: _____

Does your child make friends quickly? Yes No Is your child shy? Yes No

Is your child: Very Independent Somewhat Independent Dependent

List activities in which your child excels: _____

Is your child proficient in Hebrew? (Rate: Good, Fair, Poor) Reading _____ Speaking _____

What do you hope your child will gain from his/her experience at Camp Moshava? _____

In what ways would you like Camp Moshava to help your child develop:

Habits: _____ Skills: _____

Religious Attitudes: _____ Social Attitudes: _____

Knowledge: _____ Other: _____

(Parent questionnaire continues on back)

Camper's Name: _____

CAMPING HISTORY

Has your child been to overnight camp before? Yes No Was your child homesick? Yes No

Name of camp: _____ Dates: _____

Name of camp: _____ Dates: _____

Did your child have a positive experience at camp? Yes No If no, please explain:

Did your child leave camp before the conclusion of the session? Yes No

If yes, please explain: _____

GENERAL INFORMATION

Does your child have difficulty with temper, weeping spells, other? Please explain: _____

Is your child afraid of (circle all that apply): darkness, people, animals, water, lightning, thunder, anything else?

Please explain: _____

Please describe any unusual sleeping habits (restlessness, bed wetting, sleepwalking, nightmares, etc.) your child has:

Is your child a vegetarian? Yes No Describe your child's appetite: Good Fair Poor

Does your child have any allergies? Yes No If yes, please list: _____

Does your child have any restrictions/allergies related to food? Yes No

If yes, please explain: _____

During the last three years, has your child been under any educational or psychological guidance? Yes No

If yes, please explain: _____

Does your child have medical restrictions or take medication that will affect participation in camp activities? Yes No

If yes, please explain: _____

Reminder: This Parent Questionnaire must be signed below by a parent or guardian in order for Camp Moshava to process your child's registration.

Please list any other information that will help the camp meet your child's needs. Please attach a separate page if necessary.

I certify that all information I have provided in this parent questionnaire is truthful and accurate, and understand that if my child is withdrawn from Camp Moshava as a result of inaccurate or incomplete information I have provided, Camp Moshava is not obligated to refund any tuition.

Signature of Parent or Guardian

Date



RELIGIOUS ZIONISTS OF CHICAGO



ארץ ישראל לעם ישראל על פי תורת ישראל

MEMBERSHIP Bnei Akiva and Religious Zionists

Campers who are members of Bnei Akiva may deduct \$40 from the camping fee; campers whose parents are members of Religious Zionists may deduct \$60 from the first camper enrolled. To join these organizations, please fill out the following information, and include this form, together with the appropriate payment, with your camper application; this form will be passed along to Bnei Akiva and/or Religious Zionists.

<u>BNEI AKIVA</u>	<u>RELIGIOUS ZIONISTS</u>
Camper's Name _____	Parents' Name(s) _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone _____	Home Phone _____
Email _____	Email _____
<u>RATES</u> 1 st child - \$40; additional children - \$30 per child	<u>RATES</u> \$50 per family
<u>PAYMENT</u>	<u>PAYMENT</u>
<input type="checkbox"/> Enclosed is a check payable to Bnei Akiva.	<input type="checkbox"/> Enclosed is a check payable to Religious Zionists.
<input type="checkbox"/> Please charge my credit card:	<input type="checkbox"/> Please charge my credit card:
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Card #: _____	Card #: _____
Exp. Date: _____	Exp. Date: _____
Signature _____	Signature _____

Please include this form and your payment with your camper registration form.