



Yeshiva Derech Hatorah
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YDT Day Camp

We are pleased to announce that we are now accepting registration for YDT Day Camp; an exciting program, filled with activities, team spirit, sports, music, art and more!

The program will run from Monday **July 1** through Wednesday **July 17**.
Program is 12:45 - 3:45 pm (carpool)

The price is \$300 per child for the entire 3-week session.

The afternoon is divided into four segments:

- 1) Sports activities/competitive games to promote physical wellness, learn teamwork and collaboration, develop motor, coordination, and agility skills, and improve self-esteem and enhance confidence. (Such as, but not limited to: soccer, baseball, basketball, relay races, chess, card games etc.)
- 2) Art session to promote visual literacy, critical thinking, creative expression, and cognitive development.
- 3) Music to develop understanding of musical components including mathematical concepts and pattern recognition, enhance memory and cognitive flexibility, and develop integrating motor skills.
- 4) Historical Story time to promote analytical skills in evaluating historical texts, foster proficiency in historical subjects, explore historical events and their cultural context.

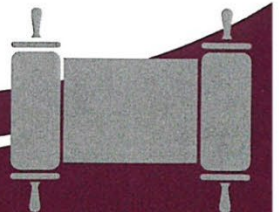
Registration will close Monday, May 13th. If there are still spots available, it will be filled on a first come first serve basis. Please make sure that your forms and payment are received at the YDT office by the May 13th deadline.

Registration will only be complete with application form and payment.
No refunds will be issued. Receipts will be given.

We look forward to another wonderful experience.

Rabbi Dovid Asher Schnurmann
Rabbi Avrohom Elbaum

ישיבה ובית יעקב
דרך התורה



Day Camp Registration Form

CAMPER INFORMATION:

Name: _____ Grade Completed: _____

Name: _____ Grade Completed: _____

Name: _____ Grade Completed: _____

Name: _____ Grade Completed: _____

FAMILY INFORMATION:

Father Name: _____ Cell number: _____

Mother Name: _____ Cell number: _____

MEDICAL RELEASE INFORMATION:

Primary Care Physician: _____

Please fill out if applicable:

Child Name: _____

Allergies: _____

Any medical conditions we need to be aware of?

The purpose of the above information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Waiver:

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Signature _____ Date _____

I understand that YDT day camp will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Signature _____ Date _____

I hereby give permission for the transportation of my child for official day camp activities.

Parent's/Guardian's Signature _____ Date _____

Please mark if applicable:

Please email receipt to _____