



Yeshiva Derech Hatorah
1508 Warrensville Center Rd • Cleveland Hts Ohio 44121
216.382.6248 • Fax: 216.382.4585 • info@ydtcleveland.org

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, and trips.

The program will run from Monday **July 1** through Wednesday **July 17**.
Dismissal will be at 3:45 (carpool)

The price is \$300 per child

The afternoon is divided into four segments:

- 1) Sports leagues to learn teamwork, develop physical skills and improve self-esteem.
- 2) Art session to boost self-expression, self-esteem, motor and cognitive skills.
- 3) Music to enhance cognitive function such as memory and flexibility, and to help develop fine motor skills.
- 4) Competitive games to learn teamwork and enhance confidence.

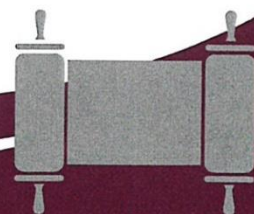
Registration will close Thursday, May 9th. We will not be able to accept any campers after that date. Please make sure that your forms and payment are received at the YDT office by the May 9th deadline.

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 Mordechai Silverberg

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 _____