



**Welcome to our 3<sup>rd</sup> great season at Camp Aish Bez"Hi!!!**

An exclusive and exhilarating camping experience for boys coming out of 1<sup>st</sup>-5<sup>th</sup> grade!!!

At Camp Aish we seek to provide our campers with a Torahdik summer filled with brenedike learning, exciting activities, fiery sports, hot competitive leagues, creative A&C, scorching late nights, all infused with tremendous Ruach and Achdus! We pride ourselves in our mission to provide our campers with true wholesome fun which will fan the flame within each camper, highlighting their talents, setting their summer ablaze!!

Camp Aish is committed to providing a most unforgettable summer without overnights.

Our camp dates are Wednesday, July 31 – Tuesday, August 27.

Camp Hours: Monday – Thursday 10:15-4:15 Friday 10:15-1:15

Location: 1065 Cross St, Brand New State of the Art Campus (Mesivta Ohr Chaim Meir)

Lunch & snacks will be provided.

Registration can be accessed at [aish.campapplications.com](http://aish.campapplications.com).

If you are unable to complete it online, please fill out these forms. Completed applications should be mailed to: 242 Ridge Ave, Lakewood, NJ 08701, along with a \$200 non-refundable deposit, which will be deducted from your total camp balance. The remainder of the balance can be postdated until July 10, 24.

If paying by check, please mail in remaining balance within 3 days of applying.

Checks can be made payable to: Camp Aish

Zelle payments can be made to: [campaishnj@gmail.com](mailto:campaishnj@gmail.com)

Camp Fee		Busing (all campers)	Total Lkwd/Jksn&TR
1 <sup>st</sup> - 3 <sup>rd</sup> Grade	\$890	Lakewood \$135	\$1025/\$1090
4 <sup>th</sup> - 5 <sup>th</sup> Grade	\$940	Outside 08701 \$200	\$1075/\$1140

Credit card payments: (3% charge to defray cost)

Credit Card # \_\_\_\_\_

Exp: \_\_\_\_\_ CVV: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Registration will only be complete when payment and forms are received.

Please note that busing is required for all campers.

Although we can't guarantee busing outside of Lkwd & Jackson, we'll try our best and notify & reimburse you if not possible.

**We thank you for giving us the opportunity to provide your son with a super sizzling summer of learning and fun!**

Looking forward,

*R' Avrohom Yeshaya Mermelstein*

**CAMP LOCATION:** 1065 CROSS STREET

**MAILING ADDRESS:** 242 RIDGE AVE, LAKEWOOD, NJ 08701

**PHONE:** 877-CMP-AISH

**EMAIL:** [CAMPAISHNJ@GMAIL.COM](mailto:CAMPAISHNJ@GMAIL.COM)



## Registration Form

Last Name \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Camper Name	Yeshiva Attends	Current Grade	Rebbe	DOB	T-Shirt Size Boys XS S M L

### Emergency Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Important Personal Health Information/Allergies: \_\_\_\_\_

Anything you would like us to know: \_\_\_\_\_

Please let us know if your son has any specific talents that he'd like to bring out in Camp Aish:

\_\_\_\_\_

In the event of a medical emergency, I hereby give authority to Camp Aish staff to obtain necessary medical treatment for my child/children.

I give permission for Camp Aish staff to administer medication (Tylenol, Benadryl etc.) as needed.

I am aware that my son will be swimming in a supervised pool, and will be going off grounds, as part of the amazing Camp Aish program. I agree not to take any legal action against Camp Aish or its staff.

I will be held liable for any and all damages incurred by my child.

Please label all belongings that your son will be bringing to camp.

Signature: \_\_\_\_\_