

**Machane Maimo**

Gindi Maimonides Academy 310 N.Huntley Drive Los Angeles, CA 90048

(310) 659-2456 ext. 2113 [lshamuilian@maimonidesla.com](mailto:lshamuilian@maimonidesla.com)

[cpeikon@maimonidesla.com](mailto:cpeikon@maimonidesla.com)

**Camper Information:**

Camper Name \_\_\_\_\_ M F Birthdate \_\_\_\_\_

Grade entering in Fall 2017 \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

**Parent/Guardian Information:**

Parent 1 Name \_\_\_\_\_ Parent 1 Email address \_\_\_\_\_

Parent 1 Cell phone \_\_\_\_\_ Parent 1 Work phone \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Parent 2 Email address \_\_\_\_\_

Parent 2 Cell phone \_\_\_\_\_ Parent 2 Work phone \_\_\_\_\_

**Emergency Contact Information**

Emergency contact 1 \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Daytime phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Daytime phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Please list those people, including parents/guardians, who are permitted to pick up your child:

\_\_\_\_\_

**Medical Information**

List any known allergies and dietary restrictions:

\_\_\_\_\_

\_\_\_\_\_

Please describe any medical issues we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

## Permission to Dispense Prescribed Medication

If your child is currently taking prescription and/or over the counter medications, please list along with the reason. In order to dispense prescription medications during camp, contact the Director.

I hereby authorize Machane Maimo to administer children's Tylenol when my child (ren) or any child in my custody is ill and upon verbal authorization when called by the Academy.

All medications will be kept in the camp office and will be administered by Head Counselors, Camp Director, or Office Staff at the indicated times.

By signing this document, I grant Machane Maimo permission to dispense the aforementioned medication(s) to my child. Any change in the type or dosage of medication will promptly be reported to the Camp Office.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## Release and Indemnification

I expressly release and indemnify Machane Maimo and its employees hold free and harmless, from any and all liability, charges, claims, costs, and expenses of every kind and nature whatsoever, including reasonable attorney fees, in connection with acceptance and participation of my child in your Machane Maimo activities. This release and indemnification is unconditional and without reservation of any kinds, except only for such acts or omissions that arise out of your intentional or negligent wrongdoing where there is no fault by my child, or failure to disclose pertinent information.

Parent/Guardian Name \_\_\_\_\_

Relationship \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Full Session: June 20th - August 9<sup>th</sup>**  
**Full Day: 8:30-3:30 (Monday-Thursday)**  
**Half Day: 8:30-12:30 (Monday-Thursday)**  
**Friday: 8:30-1:30**

Non-refundable deposit:

\$250 (will be applied toward summer camp tuition fees)

Camp Registration: 2 year old (half day) 8:30 am-12:30pm

	Before April 28th	After April 28th	
Full Session	\$1545.00	\$1645.00	<input type="checkbox"/>
Weekly Rate		\$230.00	<input type="checkbox"/>

Camp Registration: 3-6 year olds 8:30am-3:30pm

	Before April 28th	After April 28th	
Full Session	\$1895.00	\$1995.00	<input type="checkbox"/>
Weekly Rate		\$290.00	<input type="checkbox"/>

Tuition includes Nagila pizza on Fridays, camp T-shirt, snack and much more!