

Camp Ramah

IN THE BERKSHIRES, Inc.
25 Rockwood Place, Suite 345
Englewood, NJ 07631
(201) 871-7262

2010 SEASON



Please complete all information regarding your child and have either your Rabbi or child's Day School Principal sign and return this form to Camp Ramah in the Berkshires, 25 Rockwood Place, Suite 345, Englewood, NJ 07631.

Child's Name _____

FAMILY SYNAGOGUE AFFILIATION AND HEBREW STUDY RECORD

All campers must be enrolled in a supervised, formal program of Jewish Studies for a minimum of four hours per week and must satisfactorily complete their studies for the current year. For those campers whose community does not sponsor such a program, a course of individual study may be arranged. All enrollment applications require the signature of the Rabbi or Educational Director.

Name of Synagogue: _____ Phone () _____

Name of Rabbi: _____

Synagogue Address: _____
Street City State Zip

Grade in Sept. 2010 _____

Name of Hebrew School or Jewish Day School now attending _____

Address: _____
Street City State Zip

Name of Principal _____

Total Hours per week of Hebrew and Jewish studies: _____ hours. Number of days per week _____ days

Note to Rabbi/Principal: Your signature indicates confirmation of all information shown above and your recommendation that this applicant attend Camp Ramah.

Recommendation:

I hereby recommend this applicant for enrollment. Please call me about this applicant

Name of Rabbi or Principal

Signature of Rabbi or Principal

SECULAR EDUCATION

Name of Public or Private School now attending _____

Grade Entering in September, 2010 _____ (List number, e.g. grade 11, not junior year)

Address: _____
Street City State Zip

Type of School: Elementary Intermediate Jr. High School High School