קול יהודה
KOL YEHUDA WEST VIRGINIA

CAMPUS
436 Reflection Lane,
High View, WV 26808

EMAIL info@kywv.org
PHONE 732-490-1705

Application 2026

Name of Applicant _____ Date of Birth _____

Address _____

City _____ State_____ Zip _____

Home Phone_____ Applicant cell (optional) _____

Yeshiva _____ Finishing: □ 12th grade; □ 1st Year; □ 2nd Year; □ 3rd Year

Rosh Yeshiva _____Phone_____

Reference _____ Position _____ Phone # _____

Names of camps previously attended _____

Father _____ Father Cell _____ □ Check here to receive texts

Mother _____ Mother Cell _____ □ Check here to receive texts

These cell numbers will be used as emergency contacts. If you will have other contact numbers during the camp season please list them here: _____

Email: _____

For your son's benefit, please inform the camp if there is a medical condition that the EMTs on site should be aware of, including (but not limited to) allergies, asthma, Crohn's, Colitis etc. _____

_____

Your application will not be considered complete until we receive all the following:

- ✓ 2 page application signed, <u>including the payment arrangement</u>
- ✓ Lunch form (only for applicants under age 19 ie those with a DOB <u>after</u> July 20, 2007)
- ✓ Copy of front and back of health insurance card

Kol Yehuda will retain a Ben Torah environment. Conduct and dress must befit a Ben Torah at all times. All bochurim are expected to attend sedarim, tefillos, and take part in activities.

Kol Yehuda is on an alcohol-free and smoke-free campus.

Bochurim may bring kosher filtered or TAG'd flip phones. Smart phones (filtered or not) or any other internet capable devices are strictly prohibited. Kol Yehuda reserves the right to confiscate any devices that don't meet these requirements and the bochur may be asked to leave camp. In this unfortunate event, there will be no refunds or reimbursements.

I have read and agree to the terms and conditions above.

Applicant Signature: _____ Date: _____

Parent Signature: _____ Date: _____

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Camp Fee: **$2,750**

Transportation Fee: **$280**

The transportation fee is mandatory and includes the bus ride to/from camp as well as all transportation during camp on the rented vans. Please make your travel reservations by July 6th.

Going to Kol Yehuda from: □ Brooklyn □ Lakewood □ Passaic □ Dulles International Airport □ Private transportation

Returning from Kol Yehuda to: □ Brooklyn □ Lakewood □ Passaic □ Dulles International Airport □ Private transportation

Payment Plan

A payment of $1,000 is due with application. A second payment of $1,750 plus transportation is due before July 20th.

First payment will be paid via □ Cash □ Check □ Zelle □ Credit Card

Second payment will be paid via □ Cash □ Check □ Zelle □ Credit Card

Credit card payments will be charged upon acceptance and on July 20th.

Check:

Head checks must be submitted along with your application. Checks should be made payable to Kol Yehuda. Mail or drop off:

Kol Yehuda
1435 Oak Street
Lakewood, NJ 08701

Zelle:

Zelle payments to payments@kywv.org (Name: Camp Torah Inc.) Please include the applicant's name in the memo.

Credit Card:

Name on Account: _____

Credit Card #: _____ Exp. Date _____/_____ Security Code _____

Billing address (if different than home address) _____

By signing this form, I give Kol Yehuda permission to debit my account the total amount due as indicated on my tuition contract..

Parent Signature_____ Date: _____

Please attach a copy of the front and back of your son's health insurance card.

FRONT

BACK