



Torah Links High Holidays Day Camp

The Day Camp will take place during Morning Services.

Please fill out the form below and email it to highholidays@torahlinks.org

Or mail it to 218 Charlann Circle, Cherry Hill, NJ 08003.

Family Information

Father's Name	Mother's Name	
Address		
City	State	Zip
Home Phone	Cell Phone	
Email		

Child's Information

Child #1

First Name	Last Name	
Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade
List all allergies and medical conditions:		

Child #2

First Name	Last Name	
Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade
List all allergies and medical conditions:		

Child #3

First Name	Last Name	
Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade
List all allergies and medical conditions:		

Please check the days which your child(ren) will be attending:

☐ Monday, September 30 ☐ Tuesday, October 1 ☐ Wednesday, October 9

Emergency Contact Information

Last Name	First Name	Relationship
Address		
City	State	Zip
Home Phone	Cell Phone	