



257 Beach 17th Street
Far Rockaway, NY 11691
718-868-2300 x233
Fax: 718-406-8361
simchadaycamp@darchei.org
www.simchadaycamp.com
EIN# 11-2545173

Dear Parents,

The New York City Board of Health requires all parents to sign a permission slip for trips that go on during the summer. Please sign and return it to the camp office as soon as possible. The calendar will be available on our website.

Sincerely,
Rabbi Avi Taub
Camp Director



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Name of Camp: **Simcha Day Camp**

Camis No: 41323379

Camper Information

ONLY ONE CHILD PER FORM

Name: _____

Age: _____

Parental Consent

I, _____, as the parent or legal guardian

of _____ hereby give permission

for him to participate in the trips and activities as indicated on the itinerary.

Signature: _____

Date: _____