

# Camp Gan Israel Enrollment Form - Summer 2017

**CHILD INFORMATION** (if enrolling more than 2 children please copy form and complete child info.)

## Child # 1

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Hebrew Name: \_\_\_\_\_ M/F \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
 Grade (current year) \_\_\_\_\_

\_\_ Session 1 June 26 - July 7 \$450 \_\_ Session 2 - July 10 - July 21 \$450 \_\_ Bonus Week- July 24- July 28 \$225  
 \_\_\_ Sign up by the week \$225 - Dates: \_\_\_\_\_

Shirt size:  s  m  l  xl Bunk Requests: \_\_\_\_\_

## FAMILY INFORMATION

Home address: \_\_\_\_\_ city/zip \_\_\_\_\_

Subdivision: \_\_\_\_\_ home phone: \_\_\_\_\_

FATHER

MOTHER

First Name: \_\_\_\_\_

Bus. Phone #: \_\_\_\_\_

Cell/Pager#: \_\_\_\_\_

Email: \_\_\_\_\_

## EMERGENCY MEDICAL INFORMATION

Please indicate any special medical information such as allergies, medications, etc.:

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

## APPLICATION INFORMATION

Return application together with a \$50.00 per child, registration fee to secure your child's place at C.G.I. 2014

I am registering \_\_\_\_ child/ren for a total of \_\_\_\_ sessions

Enclosed please find a \_\_\_\_\_ registration fee.

Additional payment included \_\_\_\_\_

**Make checks payable to: Gan Israel of the Lehigh Valley**

**Tuition fees & Refund policy:** All payments are non transferable to other parties and not exchangeable for other weeks. **Registration is per week, no prorating per day.** The \$50.00 registration fee is due upon registration and is non refundable. The weekly tuition fees are due by June 1 , 2014

I have completed the enrollment form and I have enclosed my registration fee and appropriate payment.

I understand that my child may be photographed during camp and the photographs may be displayed at Chabad, in Chabad literature, or on the Chabad website

In the event of an emergency, serious illness, or accident Camp Gan Israel has my permission to arrange for any necessary first-aid or care by a licensed physician for my child/ren while he/she is attending camp.

I agree to all the terms & information listed herein.

Signature of parent or legal guardian

x \_\_\_\_\_

\_\_\_\_\_

Print Name:

\_\_\_\_\_

**All camp fees are payable by check, cash, or money order. No credit cards**

For more information please call Mrs. Devorah Halperin at 610-351-6511 or email Ganisrealpa@aol.com

**Mail application and payment to: Chabad of the Lehigh Valley 4457 Crackersport Rd. Allentown, Pa. 18104**

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