



# Enrollment Form - Summer 2014

## CHILD INFORMATION (One registration form per child)

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

Hebrew Name: \_\_\_\_\_ M/F \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Grade (entering) \_\_\_\_\_ Name of School \_\_\_\_\_

Session(s)	Week 1	<input type="checkbox"/>	June 23 - June 27	\$175	Week 4	<input type="checkbox"/>	July 14 - July 18	\$175
	Week 2	<input type="checkbox"/>	June 30 - July 3	\$175	Week 5	<input type="checkbox"/>	July 21 - July 25	\$175
	Week 3	<input type="checkbox"/>	July 7 - July 11	\$175	Week 6	<input type="checkbox"/>	July 28 - August 1	\$175

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

## FAMILY INFORMATION

Home Address: \_\_\_\_\_

City/Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

FATHER

MOTHER

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

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

Cell phone #: \_\_\_\_\_

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

## EMERGENCY MEDICAL INFORMATION Please indicate any special medical information such as allergies, medications:

\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY CONTACT (Cannot be a parent)

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

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

Name of Family Physician: \_\_\_\_\_ Number: \_\_\_\_\_

## APPLICATION INFORMATION

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

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

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

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

I would like to pay by CC

# \_\_\_\_\_ Expiration \_\_\_\_\_

Name on the card \_\_\_\_\_

**Tuition fees & Refund policy:** The registration fee is due upon registration and is non refundable.

### Permissions:

I hereby permit Camp Gan Israel to transport my child(ren) on camp provided transportation. My child has permission

to participate in any field trip or activity done with Camp Gan Israel. Camp Gan Israel will make every effort to insure the well-being of every camper. However, it will not be responsible for any injury or health impairment of any camper. Gan Israel will not be responsible for damage to or loss of clothing or personal belongings.

I allow Camp Gan Israel to use my child(ren)'s photograph for all promotional purposes.

In the event of an emergency, illness, or accident, Camp Gan Israel has my permission to arrange 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:

\_\_\_\_\_