

Gan Israel Winter Camp Registration

Camper's Name 1: _____ Attending: M T W T ALL
Last First

Birthday ____/____/____ M/F _____ School: _____ Grade: _____

Camper's Name 2: _____ Attending: M T W T ALL
Last First

Birthday ____/____/____ M/F _____ School: _____ Grade: _____

Father's Name: _____ Cell Phone: _____ Business Phone: _____

Mother's Name: _____ Cell Phone: _____ Business Phone: _____

Home Phone: _____ E-Mail _____ @ _____

Are child's parents Jewish? Father: _____ Mother: _____ Synagogue Affiliation: _____

Address/City: _____

Has your child had a past summer/winter camp experience? If yes, which camp? _____

Does your child have friends who will be attending? _____

Are there any activities in which your child should not participate? _____

In case of emergency (when parents can not be reached) please contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Health Notes

Doctor's Name: _____ Phone: _____

Does child have any health problems or learning disabilities? Other? _____

Medication? _____ Allergies? _____

Permission: I authorize Camp Gan Israel, to have my child treated in case of emergency by a physician in the manner such person deems necessary. I further give permission for my child to attend and be transported on camp trips.

Parent's Signature: _____ Date: _____

Full Week \$230 / Daily \$65

Complete form and mail along with payment to:
Camp Gan Israel: P.O. Box 63 , Franklin Lakes, NJ 07417
201-848-0449 www.GanIsraelDayCamp.com