

Camp Gan Israel 2025

6605 Atlantic Ave
609-822-8500 – Youth@Chabadac.com

CGI Registration Form

NAME OF CAMPER _____ BOY __ GIRL __

HEBREW NAME _____ DATE OF BIRTH _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PHONE _____

MOTHERS NAME _____ OCCUPATION _____

ADDRESS _____ PHONE _____

CELL PHONE _____ EMAIL ADDRESS _____

FATHERS NAME _____ OCCUPATION _____

ADDRESS _____ PHONE _____

CELL PHONE _____ EMAIL ADDRESS _____

GRADE TO BE COMPLETED JUNE 2024 _____

JEWISH EDUCATION: LIST SCHOOL(S) ATTENDED (DAY, NURSERY, SUNDAY) YEARS
ATTENDED:

CAMP DATES AND TIMES

Camp Gan Israel

Boys and Girls 3-12
June 30 - August 15
(MONDAY – FRIDAY)

9:30 AM - 3:30 PM

(Ask about before/aftercare)

\$315 per week

Full Season: \$2080

\$335 per week for 3 and 4 year olds

Full Season for 3 and 4 year olds: \$2,220

Campers are required to buy the camp T-shirt for trip days for a fee of \$15.

(Optional for 3 and 4 year olds).

WEEKS MY CHILD WILL BE ATTENDING:

Full Season June 30 - August 15

1st Week (June 30 - July 4)

2nd Week (July 7- July 11)

3rd Week (July 8 - July 12)

4th Week (July 21 - July 25)

5th Week (July 28- Aug1)

6th Week (August 4 - August 8)

7th Week (August 11 - August 15)

Registration fee \$50

TOTAL PAYMENT _____

PAYMENT

I am enclosing full payment.

I am enclosing half of the payment now, and the other half by June 5th.

I am enclosing a check made out to Camp Gan Izzy
 Charge my card. MC Visa
 Card No. _____ Expiration: _____ CVV# (final 3 numbers on back of card) _____
 Billing address _____ City _____ State _____
 Zip _____
 Amount: Signature: _____

Camp Gan Izzy
MEDICAL INFORMATION

NAME OF CHILD'S PHYSICIAN _____ PHONE _____

LIST ANY ALLERGIES (FOOD/MEDICATION) _____

IS YOUR CHILD PRONE TO EAR/SINUS INFECTION? _____

DOES YOUR CHILD HAVE ANY MENTAL OR SOCIAL HANDICAPS OR ANY OTHER PROBLEM OF WHICH WE SHOULD BE AWARE? _____

DOES YOUR CHILD TAKE ANY MEDICATION REGULARLY? IF SO, WHAT KIND?

DOES HE/SHE SWIM? _____ DOES HE/SHE HAVE A FEAR OF WATER? _____

ANY INFORMATION OR COMMENTS ABOUT SPECIAL ABILITIES, HABITS, BEHAVIOR, OTHER: _____

IF NEITHER PARENT CAN BE REACHED / IN CASE OF AN EMERGENCY CALL: CONTACT

NAME #1 _____ PHONE _____

ADDRESS _____ RELATIONSHIP _____

CONTACT NAME #2 _____ PHONE _____

ADDRESS _____ RELATIONSHIP _____

CONSENT

I GIVE MY CONSENT FOR MY CHILD TO TAKE PART IN FIELD TRIPS OR EXCURSIONS UNDER PROPER SUPERVISION: YES _____

IN CASE OF EMERGENCY, CAMP GAN ISRAEL HAS MY PERMISSION TO RENDER ANY NECESSARY FIRST AID OR CARE BY PHYSICIAN TO MY CHILD WHILE ATTENDING CAMP: YES

I GRANT CAMP GAN ISRAEL/CHABAD THE RIGHT TO PHOTOGRAPH MY CHILD/CHILDREN AND USE HIS/HER/THEIR PICTURE, VIDEO OR ANY OTHER FORM LIKENESS FOR CAMP PROMOTION AND ADVERTISEMENTS: YES

PARENT'S SIGNATURE _____ DATE _____