



Camp Gan Israel by Chabad, Ventnor City NJ
6605 Atlantic Ave, Ventnor City, NJ 08406
609-822-8500 (x4) • Youth@Chabadac.com

CGI 2025 Registration Form

NAME OF CAMPER _____ BOY__ GIRL__

HEBREW NAME _____ DATE OF BIRTH _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PHONE _____

MOTHERS NAME _____ OCCUPATION _____

ADDRESS _____ PHONE _____

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CELL PHONE _____ EMAIL ADDRESS _____

FATHERS NAME _____ OCCUPATION _____

ADDRESS _____ PHONE _____

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CELL PHONE _____ EMAIL ADDRESS _____

GRADE TO BE COMPLETED JUNE 2024 _____

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

CAMP DATES & RATES	
<p>Camp Gan Israel Dates: June 28 – August 13 Days: Monday - Friday • 9:30am 3:30pm (Ask about before/aftercare)</p> <p>Programs & Rates Mini Gan Izzy: Boys and Girls 3-4 \$415/week* Full Season \$3,150 (5% off)</p> <p>Gan Izzy: Boys and Girls 5-12 \$395/week* Full Season \$2,995 (5% off)</p> <p>T-shirts: One free T-shirt per camper. Extras available for \$15 each.</p> <p>_____</p> <p><small>*For single-week enrollment, the fee is \$100.</small></p>	<p>Select your Weeks</p> <div><input type="checkbox"/> Full Program: June 23 - August 15</div> <div><input type="checkbox"/> Adventure Week: June 23 - June 27</div> <div><input type="checkbox"/> Week 1: June 30 - July 4</div> <div><input type="checkbox"/> Week 2: July 7- July 11</div> <div><input type="checkbox"/> Week 3: July 14 - July 18</div> <div><input type="checkbox"/> Week 4: July 21 - July 25</div> <div><input type="checkbox"/> Week 5: July 28 - Aug 1</div> <div><input type="checkbox"/> Week 6: August 4 - August 8</div> <div><input type="checkbox"/> Week 7: August 11 - August 15</div> <div>Registration fee \$50</div> <div>TOTAL PAYMENT _____</div>

PAYMENT	
<input type="checkbox"/> I am enclosing full payment.	
<input type="checkbox"/> I am enclosing half of the payment now, and the other half by June 5 th .	
<input type="checkbox"/> I am enclosing a check made out to CHABAD	
<input type="checkbox"/> Charge my card.	<input type="checkbox"/> MC <input type="checkbox"/> Visa
Card No. _____ Expiration: _____ CVV# (final 3 numbers on back of card) _____	
Billing address _____ City _____	
State _____ Zip _____	
Amount: _____	Signature: _____

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

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 _____