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**GAN ISRAEL DAY CAMP  
AT CONGRESS HILL, MONROE, NJ**

**Mailing Address:**  
26 Wickatunk Road, Manalapan, NJ 07726 Tel. (732) 972-3687

**YEAR 2017 REGISTRATION FORM**

NAME OF CAMPER \_\_\_\_\_ SEX \_\_\_\_\_ D.O.B. \_\_\_\_\_

CAMPER'S HEBREW NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SCHOOL NOW ATTENDING \_\_\_\_\_ GRADE ENTERING SEPT. 2017 \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ HEBREW NAME \_\_\_\_\_

FATHER'S WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

NAME & PLACE OF EMPLOYMENT \_\_\_\_\_ E-MAIL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ HEBREW NAME \_\_\_\_\_

MOTHER'S WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

NAME & PLACE OF EMPLOYMENT \_\_\_\_\_ E-MAIL \_\_\_\_\_

**Emergency Contact**

1. NAME & PHONE \_\_\_\_\_

2. NAME & PHONE \_\_\_\_\_

CAMP SESSION ATTENDING: \_\_\_ FULL. \_\_\_ 1<sup>ST</sup>. \_\_\_ 2<sup>ND</sup>. WEEKS: \_\_\_\_\_

PLEASE REGISTER MY CHILD IN: \_\_\_ DAY CAMP \_\_\_ TRAVEL CAMP (Campers ages 10 +, entering grade 5 & up)

**FOR TRAVEL CAMP ONLY: PLEASE CHECK WHICH TRIPS YOUR CHILD WILL ATTEND:**

BOYS: \_\_\_ TRIP #1 (WEEK 1). \_\_\_ TRIP 2 (WEEK 3). \_\_\_ TRIP # 3 (WEEK 6). \_\_\_ TRIP 4 (WEEK 8)

GIRLS: \_\_\_ TRIP #1 (WEEK 2). \_\_\_ TRIP 2 (WEEK 4). \_\_\_ TRIP # 3 (WEEK 6). \_\_\_ TRIP 4 (WEEK 8)

WE NEED CAMP TRANSPORTATION: YES \_\_\_ NO \_\_\_. IF YES: DOOR TO DOOR \_\_\_ REGIONAL TRANSPORTATION \_\_\_

PREVIOUS CAMP EXPERIENCE (Name of camp & years attended): \_\_\_\_\_

SWIM LEVEL (List most recent swim level child earned & date received): \_\_\_\_\_

GROUP PREFERENCE (List two children in the same grade your child would like to be placed with):  
\_\_\_\_\_  
\_\_\_\_\_

JEWISH EDUCATION: List schools attended, type of program (Hebrew School, Day School, Nursery) & years attended:  
\_\_\_\_\_  
\_\_\_\_\_

ANY INFORMATION OR COMMENTS ABOUT SPECIAL ABILITIES, HABITS, BEHAVIOR, ALLERGIES OR OTHER:  
\_\_\_\_\_  
\_\_\_\_\_

I have read the "Summer of 2016 Information Sheet" and agree to abide by its conditions. I agree to pay the camp tuition in full no later than April 10, 2017 or at time of signing this form. I hereby grant permission for the Gan Israel Day Camp to photograph & video my child and use these pictures for website, brochure & advertising purposes. Gan Israel reserves the right to cancel any of the Travel Trips due to low attendance. I also agree to the waiver of the insurance co. available upon request. In the event I cannot be reached, I hereby grant permission to the directors of Gan Israel Day Camp to treat and/or provide a physician or hospital to give emergency treatment to my child. Permission is granted to Gan Israel Day Camp to take my child on trips outside of camp grounds.

PARENT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_