



# GAN ISRAEL DAY CAMP

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AT CONGRESS HILL, MONROE, NJ

Mailing Address:

26 Wickatunk Road, Manalapan, NJ 07726 Tel. (732) 972-3687

## YEAR 2012 REGISTRATION FORM

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

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

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

SCHOOL NOW ATTENDING \_\_\_\_\_ GRADE ENTERING SEPT. 2012 \_\_\_\_\_

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  1ST  2ND  6 WEEKS (Consecutive) - FROM \_\_\_\_\_ to \_\_\_\_\_

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 3).  TRIP # 3 (WEEK 6).  TRIP 4 (WEEK 7)

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 OR OTHER:  
\_\_\_\_\_

I have read the "Summer of 2012 Information Sheet" and agree to abide by its conditions. I agree to pay the camp tuition in full no later than April 1, 2012 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, display & advertising purposes.

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: \_\_\_\_\_