



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 2011 REGISTRATION FORM

NAME OF CAMPER _____ SEX _____ D.O.B. _____

CAMPER'S HEBREW NAME _____ PHONE _____

ADDRESS _____ CITY/STATE _____ ZIP _____

SCHOOL NOW ATTENDING _____ GRADE ENTERING SEPT. 2011 _____

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 5). TRIP 4 (WEEK 8)

GIRLS: TRIP #1 (WEEK 2). TRIP 2 (WEEK 3). TRIP #3 (WEEK 5). 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 OR OTHER: _____

I have read the "Summer of 2011 Information Sheet" and agree to abide by its conditions. I agree to pay the camp tuition in full no later than April 15, 2011 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 and display 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: _____