

# Camp Gan Israel 2021

Rabbi Leibel & Nechama Scheiman-Director

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 2021 \_\_\_\_\_

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

### CAMP DATES AND TIMES

**Camp Gan Israel**  
Boys and Girls 4-12  
**June 28 – August 13**  
(MONDAY – FRIDAY)  
**9:30 AM - 3:30 PM**  
(Ask about before/aftercare)

\$250 per week  
Full Season: \$1625

#### WEEKS MY CHILD WILL BE ATTENDING:

- Full Season June 28 - August 13
- 1st Week (June 28 - July 2)
- 2nd Week (July 5 - July 9)
- 3rd Week (July 12 - July 16)
- 4th Week (July 19 - July 23)
- 5th Week (July 26 - July 30)
- 6th Week (August 2 - August 6)
- 7th Week (August 9 - August 13)

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 5<sup>th</sup>.
- I am enclosing a check made out to CHABAD

Charge my card.  MC  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 \_\_\_\_\_