

Junior Gan Israel Day Camp 5780/2020 Registration Application

ב"ה

Complete and send to: Junior Gan Israel Day Camp Office, 4059 Dempster St., Skokie, IL 60076 Fax: 847-673-3487 Email: ZeesyPosner@JuniorGanIsrael.org.

<hr/> Child's First Name	<hr/> Last	<hr/> Hebrew	<hr/> ____/____/____ <input type="checkbox"/> M <input type="checkbox"/> F Birthday	
<hr/> Address	<hr/> City	<hr/> State	<hr/> Zip	<hr/> Primary Phone
<hr/> Mother's Title & Name		<hr/> Mother's Daytime Phone		<hr/> Mother's Cell Phone
<hr/> Father's Title & Name		<hr/> Father's Daytime Phone		<hr/> Father's Cell Phone
<hr/> Mother's E-mail		<hr/> Father's E-mail		
<hr/> Emergency Contact	<hr/> Relation	<hr/> Daytime Phone	<hr/> Cell Phone	
<hr/> Playgroup/School child currently attends				<hr/> Grade
<hr/> Playgroup/School child will attend in the fall				<hr/> Grade

List friends with whom you want your child grouped (*We will attempt to accommodate your preference.*):

Remarks (*include medical, behavioral, or dietary information*)

For Referral Incentive please circle: I referred to camp/ was referred by:

Free T-Shirt request: Size 2T 3T 4T 5-6 7 ★ Long Sleeve Short Sleeve

I hereby apply to enroll my child in Junior Gan Israel Day Camp for:

Expanding Horizons Program:	<input type="checkbox"/> 9:30 a.m. – 1:00 p.m. <input type="checkbox"/> 9:30 a.m. – 3:30 p.m. <input type="checkbox"/> First Session <input type="checkbox"/> Second Session <input type="checkbox"/> Both Sessions <input type="checkbox"/> Transportation
Bright Beginnings Program:	<input type="checkbox"/> Mon, Wed & Fri <input type="checkbox"/> Tues & Thurs <input type="checkbox"/> Mon – Fri <input type="checkbox"/> 9:30 a.m. – noon/1:00 p.m. <input type="checkbox"/> 9:30 a.m. – 3:30 p.m. <input type="checkbox"/> First Session <input type="checkbox"/> Second Session <input type="checkbox"/> Both Sessions <input type="checkbox"/> Transportation
Tots Club:	<input type="checkbox"/> First Session <input type="checkbox"/> Second Session <input type="checkbox"/> Both Sessions

Enclosed is my initial payment of \$_____ (which equals half the total fees). I understand that the balance of \$_____ must be paid by June 1. I understand that registering my child for camp is a commitment to pay in full, and that payments to camp are non-refundable.

Also enclosed is my contribution of \$_____ to help sponsor a needy child's summer at camp.

Health form: Is enclosed Will be provided by June 1

Form of payment: Check Credit Card VISA, MC, DISC, AMEX Please charge the balance to my credit card on June 1.

Card # _____ Exp ____/____ CVV _____

I agree to indemnify and hold harmless Junior Gan Israel and its employees in case of injury, G-d forbid. I give my child permission to participate in all activities, and for medical treatment to be administered in case of emergency.

Date

Parent's Signature