

Junior Gan Israel Day Camp 5781/2021 Registration Application

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

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

Initial payment of \$_____ (which equals half the total fees) is enclosed is being sent via Paypal to info@JuniorGanIsrael.org should be charged to my credit card. 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.

Please contact me for an individualized payment arrangement.

I am adding my contribution of \$_____ to help sponsor a needy child's summer at camp.

Health form: Is enclosed Will be provided by June 1

For Credit Card Payment: Card # _____ Exp _____/_____ CVV _____

Please charge the balance to my credit card on June 1.

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