

# Junior Gan Israel Day Camp 5782/2022 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.

<hr/> Child's First Name	<hr/> Last	<hr/> Hebrew	<hr/> ____/____/____ <input type="checkbox"/> M <input type="checkbox"/> F
<hr/> Address	<hr/> City	<hr/> State	<hr/> Zip
<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, IEP status 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:**

<b>Expanding Horizons Program:</b>	<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
<b>Bright Beginnings Program:</b>	<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.  Please charge an additional 3% to cover the credit card processing costs.

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