

# Junior Gan Israel Day Camp

## 5784/2024 Registration Application

Complete and send to:

Junior Gan Israel Day Camp Office, 4059 Dempster St., Skokie, IL 60076

Fax: 847-673-3487

Email: ZeesyPosner@JuniorGanIsrael.org.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  M  F

Child's First Name                      Last                      Hebrew                      Birthday

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 (*Please include medical, behavioral, IEP status, dietary information or any other special needs.*)

For Referral Incentive Program:

I referred to camp: \_\_\_\_\_

I 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
<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
<b>Options:</b> <input type="checkbox"/> Transportation <input type="checkbox"/> Catered Lunches <input type="checkbox"/> Mon, Wed & Fri <input type="checkbox"/> Tues & Thur <input type="checkbox"/> Mon – Fri

Health form:  Is enclosed     Will be provided by June 1.

I understand that if my child has special needs and arrangements have not been worked out in advance, camp may not be able to accommodate him, and fees will not be refundable.

Initial payment of \$\_\_\_\_\_ (which equals half the total fees)

- Is enclosed
- Is being sent via Zelle (preferred) or Paypal to info@JuniorGanIsrael.org
- Should be charged to my credit card.

I understand that the balance of \$\_\_\_\_\_ must be paid by June 1.

For Credit Card Payment: Card # \_\_\_\_\_ Exp \_\_\_/\_\_\_ CVV \_\_\_\_\_

- Please charge an additional 3% to cover the credit card processing costs.
- Please charge the balance to my credit card on June 1.
- Please contact me for an individualized payment arrangement.
- I am adding my contribution of \$\_\_\_\_\_ to help sponsor a needy child's summer at camp.

I understand that registering my child for camp is a commitment to pay in full, and that payments to camp are non-refundable.

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