

Junior Gan Israel Day Camp 5786/2026 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.

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

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
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
Options: <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 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