

Junior Gan Israel Day Camp 5776/2016 Registration Application

ב"ה

Please 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*)

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.

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