



Enrollment Form - Summer 2011

CHILD INFORMATION (if enrolling more than 2 children please copy form and complete child info.)

Child # 1

First Name: _____ Last Name: _____

Hebrew Name: _____ M/F _____ DOB ____/____/____ Age: _____ Grade
(current year) _____

Session(s) Session 1 June 27- July 8 \$400 Sign up by the week \$225.00
 Session 2 July 11- July 22 \$400
 Session 3 July 25-August 5 \$400

Shirt size: s m l xl Bunk Requests: _____

FAMILY INFORMATION

Home address: _____ city/zip _____

Subdivision: _____ home phone: _____

FATHER

MOTHER

First Name: _____

Bus. Phone #: _____

Cell/Pager#: _____

Email: _____

EMERGENCY MEDICAL INFORMATION

Please indicate any special medical information such as allergies, medications, etc.:

EMERGENCY CONTACT

Name: _____ Relation to child: _____

Home Phone: _____ Work: _____ Cell: _____

APPLICATION INFORMATION

Return application together with a \$50.00 per child, registration fee to secure your child’s place at C.G.I. 2011

I am registering ____ child/ren for a total of ____ sessions

Enclosed please find a _____ registration fee.

Additional payment included _____

Make checks payable to: Gan Israel of the Lehigh Valley

Tuition fees & Refund policy: All payments are non transferable to other parties and not exchangeable for other weeks. **Registration is per week, no prorating per day.** The \$50.00 registration fee is due upon registration and is non refundable. The weekly tuition fees are due by June 1 , 2011

I have completed the enrollment form and I have enclosed my registration fee and appropriate payment.

I understand that my child may be photographed during camp and the photographs may be displayed at Chabad, in Chabad literature, or on the Chabad website

In the event of an emergency, serous illness, or accident Camp Gan Israel has my permission to arrange for any necessary first-aid or care by a licensed physician for my child/ren while he/she is attending camp.

I agree to all the terms & information listed herein.

Signature of parent or legal guardian

X _____

Print Name: _____

All camp fees are payable by check, cash, or money order. No credit cards

For more information please call Mrs. Devorah Halperin at 610-351-6511 or email Ganisrealpa@aol.com
Mail application and payment to: Chabad of the Lehigh Valley 4457 Crackersport Rd. Allentown, Pa. 18104

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