



# CAMP GAN ISRAEL DAY CAMP

• 821 Hawkins Ave, Lake Grove NY 11755 • 631-585-0521 • Fax: 631-585-0570  
 • [www.CampGanIsraelSB.com](http://www.CampGanIsraelSB.com) • [Info@CampGanIsraelSB.com](mailto:Info@CampGanIsraelSB.com)  
 Mini Division- ages 2-4. Junior Division- ages 5-8.

**"The best camp, for the best kids!"**

## CAMPER INFORMATION

	CHILD 1	CHILD 2	CHILD 3
Last Name:			
First Name:			
Full Hebrew name:			
Age as of June 30 <sup>th</sup> :			
Date of Birth:			
Hebrew Birthday:			
Male/Female:			
School Attending:			
Hebrew School:			
Grade:			
Tshirt size*:			

\*1. X-Small (2-4) 2. Small (6 - 8) 3. Medium (10 – 12) 4. Large (14-16) 5. X-large (18-20)

Please note for the safety of your child, we require that all campers & staff wear a Camp Gan Israel shirt each day. Registration includes two t-shirts per-camper. If you would like additional t-shirts at a cost of \$10.00 per short sleeved shirt, please indicate below:  Yes, I would like \_\_\_\_\_ extra t-shirts. Enclosed please find \$\_\_\_\_\_.

## PARENT INFORMATION

Mother's Name \_\_\_\_\_ Mother's Full Hebrew Name: \_\_\_\_\_

Is the natural mother of the child Jewish? Yes  No

Father's Name: \_\_\_\_\_ Father's Full Hebrew Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Mothers Mobile: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fathers Mobile: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION *(when either parent is not reachable)*

Emergency Contact Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_ - \_\_\_\_ Mobile Phone:(\_\_\_\_) \_\_\_\_ - \_\_\_\_

Physician or Medical Facility Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Policy #: \_\_\_\_\_

Is there anything special that you would like us to know about your child (allergies, specific health notes etc.)?  
 \_\_\_\_\_

**Please enclose a copy of your child's insurance card with this form.**

## SPONSOR A CAMPER

Yes! I would like to enable another child to enjoy a summer at Camp Gan Israel.

I am enclosing:  \$350.00 for one week  \$1000.00 for three weeks  \$1,900.00 full summer

\$ \_\_\_\_\_ towards tuition for another camper.

## CAMP TUITION METHOD OF PAYMENT

**Please select the program of your choice:**

**Mini Division-**  5 day, full day,  5 day, mini day **Junior Division-**  5 day,  
 Full summer  Session 1  Session 2

Enclosed: \$\_\_\_\_\_ \$50.00 registration fee.  
\$\_\_\_\_\_ \$300 towards Early Bird Special  
\$\_\_\_\_\_ towards total camp tuition.

I've enclosed a check or money order made payable to: Camp Gan Israel of Stony Brook, in the amount of \$\_\_\_\_\_., towards registration and camp tuition and \$\_\_\_\_\_., towards additional camp t-shirts. For a total of \$\_\_\_\_\_

Check date: \_\_\_/\_\_\_/\_\_\_ Check number: \_\_\_\_\_ Check amount: \$\_\_\_\_\_ Cash amount: \$\_\_\_\_\_  
 Please charge \$\_\_\_\_\_., towards registration and camp tuition and \$\_\_\_\_\_., towards additional camp t-shirts for a total of \$\_\_\_\_\_ to

Mastercard  Visa  American Express (card #) \_\_\_\_\_ Exp Date: \_\_\_/\_\_\_/\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Please note that any payment arrangement must be made prior to handing in this form and must be approved by the Camp Director.**

## PARENTAL CONSENT

- Yes! You can include my child's name & phone number on the bunk list made available to parents in the first newspaper.
- No! You cannot include my child's name and phone number on the bunk list made available to parents in the first newspaper.
- Yes! You can include my child's photo to be used on the website, video & any other Camp Gan Israel related publications.

*I hereby permit my child to participate in all activities at Camp Gan Israel – on site, off-site and trips. I release Camp Gan Israel at Stony Brook and individuals from liability in case of accident during activities related to Camp Gan Israel at Stony Brook, as long as normal safety procedures have been taken. I understand that my child may be dismissed during a camp day, due to illness, at the discretion of the camp, and I agree to abide by the director's decision. I am enclosing the registration fee of \$50.00 for each child and the minimum deposit of \$300 towards camp tuition. I understand that the fee is non-refundable.*

**The parent who signs the registration form represents that he/she has full authority to do so and will be responsible for payment of the camp fee.**

Print Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

Parents or Legal Guardian's Signature