

CAMP GAN ISRAEL REGISTRATION FORM 2011

Complete the registration form below, drop off or mail it to:

Camp Gan Israel

15207 Sunset Blvd. ,Pacific Palisades, CA 90272

Or Fax to 310-454-5567

Payment plans available for families needing financial assistance.

For more information, call 310-454-7783

info@CGIPalisades.org www.CGIPalisades.org

CAMPER REGISTRATION					
1. Campers Name	DOB	Age	Gender	Grade Entering Sept. 2011	
Address		City/State/Zip			
School (Fall '2011)				<input type="checkbox"/> Kiddy Camp Ages 2-5	<input type="checkbox"/> Classic Gan Izzy Ages 6-12
2. Camper's Name	DOB	Age	Gender	Grade Entering Sept. 2011	
School (Fall '2011)				<input type="checkbox"/> Kiddy Camp Ages 2-5	<input type="checkbox"/> Classic Gan Izzy Ages 6-12
3. Camper's Name	DOB	Age	Gender	Grade Entering Sept. 2011	
School (Fall '2011)				<input type="checkbox"/> Kiddy Camp Ages 2-5	<input type="checkbox"/> Classic Gan Izzy Ages 6-12
Number of T-Shirts	Youth T-Shirt Size : ___ S ___ M ___ L ___ XL Adult T-Shirt Size: ___ S ___ M ___ L ___ XL Camp fees include one camp t-shirt, mandatory to be worn on all trip days. Additional shirts are available at \$10 ea.				

PARENT INFORMATION	
Mother's Name	Home Phone ()
Address (If different than child)	Work Phone ()
Email Address	Cell Phone ()
Father's Name	Home Phone ()
Address (If different than child)	Work Phone ()
Email Address	Cell Phone ()

EMERGENCY CONTACT INFORMATION			
Additional Emergency Contact Name		Home Phone ()	
Home Address		Work Phone ()	Cell Phone ()
List all persons authorized to pick-up camper from campus			
Name	Relationship	Home Phone ()	Cell Phone ()
Name	Relationship	Home Phone ()	Cell Phone ()
Name	Relationship	Home Phone ()	Cell Phone ()

PRICING & SCHEDULE			
	Session One (7/5 – 7/23)	Session Two (7/26 – 8/19)	Weekly Option
<input type="checkbox"/> 2-5 YRS 9:00 – 12:30 Monday-Friday	<input type="checkbox"/> \$690	<input type="checkbox"/> \$920	<input type="checkbox"/> \$275
<input type="checkbox"/> 2-5 YRS 9:00 – 3:30 Monday-Friday	<input type="checkbox"/> \$795	<input type="checkbox"/> \$1050	<input type="checkbox"/> \$300
<input type="checkbox"/> 6-12 YRS 9:00 – 3:30 Monday-Friday	<input type="checkbox"/> \$840	<input type="checkbox"/> \$1120	<input type="checkbox"/> \$325
Sibling Discount for each additional sibling: \$50.00 (applies to full sessions only)			_____
For weekly option, please circle which weeks 1 - 2 - 3 - 4 - 5 - 6 - 7			Total \$ _____

HEALTH FORM

Please use one Health Form per camper only.
You may photocopy this form for additional forms.

Camper's Name _____ Session registered at CGI _____

Please check below if your child currently has or has suffered from the following:

- Serious Illness/Operation Ear Trouble Kidney Disease Glasses/Contact Lens Asthma Eye Trouble
 Rheumatic Fever Hearing Aid Seizures Heart Disease Tuberculosis ADD/ADHD

Please explain any items checked (attach an additional page if necessary) _____

Are your child's immunizations current for the State of California school requirements? Yes No

Does your child have any food, medication, insect bite or sting allergies that we should be aware of? Yes No

If yes, please explain. _____

Does your child have any behavior, emotional, physical or mental health problems that we should be aware of? Yes No

If yes, please explain. _____

Has your child had a tetanus shot? Yes No Date of last tetanus shot? _____

Name of your child's physician _____ Phone _____

Address _____ City _____

Name of Insurance _____ Group or Medical # _____

Name of your child's dentist/orthodontist _____ Phone _____

Address _____ City _____ Zip _____

All prescription medications must have an accompanying written statement from the physician detailing the purpose and method of dispensing the medication (see below.) Prescription medications must be in the original, labeled container.

Nature of condition (s) requiring medication _____

Name of Prescribed Medication	Dosage	Time of Administration	Adverse Reactions?
_____	_____	_____	_____

PARENTAL RELEASE AND CONSENT

All of the forms must be on file in the camp office prior to the first day of camp. Parents are responsible for keeping the center informed of any changes in the emergency information.

If your child becomes ill during the camp day, you or your emergency contact will be called to take your child home. We will not release your child to anyone other than the parents unless we have authorization in writing in the camp office. If someone else will be picking up your child, please fill out the permission slip provided by the teachers/counselors.

In case of an accident or any emergency requiring immediate attention, our first attempt will be to reach the parent, then follow the instructions on the emergency form. We will call the doctor and/or paramedics. Our staff will take every precaution necessary to provide and implement a SAFE environment for your children.

In case of a disaster (i.e.: earthquake, fire etc.) that renders our facility unsafe, we would evacuate to the center of playground. Also our staff will be assisting you with more detailed information upon your arrival so that you can pick your child up safely.

I certify that no information concerning the health of this camper has been withheld or misrepresented. I authorize our physician to provide further medical history should it be deemed necessary.

This completed form may be photo copied for trips out of camp. I hereby give permission, for my child registered in any of the Monday-Friday programs of Camp Gan Israel, to be taken by school bus on all outings and trips. I give permission to Camp Gan Israel to use camp photos of my children in any camp publicity.

Signature of Parent or Guardian

Date