

Gan Israel Day Camp – 2010 Registration Form

Please complete the entire form and print neatly.

(If registering more than 1 child, family info need not be repeated, but each form must be signed & dated!)

CAMPER INFORMATION

Last Name	First Name	Hebrew Name	DOB	Age	Gender
Home Address		New/Ret. Camper	School Attending, Sept. 2010		Grade in 2009-10
City/State/Zip			E-Mail Address		
Father's Business Phone:		Mother's Business Phone:		Home Phone:	
Mobile Phone:		Mobile Phone:		Emergency Contact 1 - Name & Phone:	
				Emergency Contact 2 - Name & Phone:	
Any special concerns/requests regarding camper:					Referred By:
Camper's Nickname:					

SESSIONS and FEE SCHEDULE		Camp Fee:
Weeks attending Camp: Please Check	1:___ 2:___ 3:___ 4:___ 5:___ 6:___ 7:___ 8:___	
For Juniors only Please circle:	Mini day Full day	
3 days / 5 days Please circle:	3 days a week-please specify: _____ 5 days a week	
Juniors only-Enrichment Hour	YES/NO (3:00-4:00 p.m.)	\$
Juniors only- Lunch Bunch	YES/NO (12:30-1:30 p.m.)	\$
Post Camp Program-wks. 7 & 8:	YES/NO	\$
Before care:	YES/NO If yes,times:_____	\$
Extended Hours:	YES/NO If yes,times:_____	\$
Applicable discounts (circle)	Sibling/Early Bird/Referral/Other	-\$
Registration fee	Per family	\$85.00
Total:		

PAYMENT	<p>An \$85 application fee & \$60 deposit per child (both non-refundable) is required to reserve a space for your child. Balance is due by April 20, 2010. Your credit card number MUST be provided below. In the event full payment is not received by April 20th, your credit card will be charged for the balance of the fee. If you do not wish to provide a credit card number, payment in full (see check options below) must accompany this registration. All payments are non-refundable.</p>
	<p>Payment by Check</p> <p><input type="checkbox"/> Enclosed is the full payment of \$_____ <input type="checkbox"/> I am enclosing the \$85 registration fee plus a \$60 deposit per child & 2 postdated checks for the balance – 1st check dated March 20, 2010 & 2nd check dated April 20, 2010 in the amount of \$_____ each.</p>
	<p>Payment by Credit Card <input type="checkbox"/>MC <input type="checkbox"/>Visa</p> <p><input type="checkbox"/> Charge my card for the full amount. <input type="checkbox"/> Charge my card the \$85 registration fee plus a \$60 deposit per child & charge the balance in 2 parts (on March 20 & April 20, 2010).</p> <p>Card No. _____ Expiration: _____</p> <p>Total Amount: \$ _____ Signature: _____</p> <p>Billing address if diff. from above: _____</p>

Please read and sign "TERMS AND CONDITIONS" On Back – (Over)

Terms and Conditions

PARENTAL CONSENT: I hereby permit my child to participate in all activities of Camp Gan Israel – on and off site including trips, off campus swimming pools and/or beaches.

PAYMENT AND CANCELLATION: Payment terms are an \$85.00 non-refundable registration fee and a \$60 deposit to accompany enrollment. The balance will be due by April 20th, 2010 and is non-refundable. There are no refunds for absences, vacations, withdrawals, accidents, or illnesses once the camp season has begun.

CAMPERSHIP DISCOUNT: Adjusted fees based on financial need are available by completing a separate campership application and receiving approval from the campership committee. Please contact us for further details.

NO CHILD WILL BE ALLOWED TO ATTEND CAMP UNTIL A COMPLETED MEDICAL FORM AND FULL PAYMENT HAVE BEEN RECEIVED. For any reason other than non-payment of tuition, Gan Israel reserves the right to cancel the enrollment and refund a pro rata amount of the tuition (based on number of days attended).

DISMISSAL OF CAMPER: Parent fully understands and agrees that the Camp reserves the right to dismiss, in its sole discretion, any Camper whose condition, conduct, influence or behavior is deemed unsatisfactory or detrimental to the best interests of the Camp or his/her fellow campers or who violates camp rules and regulations. In the event of dismissal, tuition will be refunded on a pro-rated weekly basis minus the \$85.00 registration fee. For the benefit of your child, the Director should be made aware of any treatment for emotional, neurological, physical or psychiatric disorders.

MEDICAL CARE: Medical care provided by the Camp nurse is included in the tuition. Should it be necessary for the well being of the camper to use outside medical or dental care, all expenses involved will be paid by the Parent. 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 give permission to the Gan Israel staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

IMAGES, ETC.: Permission is hereby given for Camp to use in promoting the Camp and in other ventures directly relating to the Camp (i) digital, photographic, video, and audio images or likenesses of camper; and (ii) statements, articles, names, music, art, photographs, audio recordings, films and videos created by Camper or originating from Camp or from a Camp-related activity

In the event of extenuating circumstances, Gan Israel Day Camps reserves the right to cancel the program without prior notice. Parents will be fully refunded for tuition already paid for the time period not serviced.

I have read and agree to all of the terms and conditions on both sides of this Enrollment Application.

Parent (or Guardian) _____ Date _____