

C.G.I. REGISTRATION & INFORMATION:

Last, First Name _____ Jewish Name: _____
 DOB: _____ Age: _____ Gender: _____ Grade '04: _____ School Sept. 2004: _____
 Home Address: _____ City/ State/ Zip: _____
 Home Phone: _____ E-mail Address: _____
 Father's name: _____ Mother's name: _____
 Father's Work Phone: _____ Mother's Work Phone: _____
 Father's Cell Phone: _____ Mother's Cell Phone: _____

GENERAL INFORMATION

Registration: \$20 includes mandatory Camp T-shirt. Shirt is worn on ALL trips (Tuesday & Thursday) 2 Week Session: \$280 4 Week Session: \$560 6 Week Session: \$840 (\$790 if paid in full by May 15 th , 2003)	Before Care: 8:00 am- 9:30 am After Care: 3:30 pm- 5:00 pm Rates: ½ hour: \$1.75 1 hour: \$3.50 1½ hours: \$5.00 Payment is due FRIDAY of each week.
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------

SESSIONS & FEE SCHEDULE (PLEASE CHECK WHICH APPLY)

Sessions	Sessions Attending:	Before Care	After Care
1. June 23rd – July 3rd		M Tu W Th F	M Tu W Th F
2. July 7th – July 18th		M Tu W Th F	M Tu W Th F
3. July 21st – Aug 1st		M Tu W Th F	M Tu W Th F

PAYMENT DETAILS

Registration Fee:	
Total Cost of Camp:	
Amount Enclosed for payment:	
Payment type cash or check:	

T-SHIRT SIZES

Child:	Adult:
<input type="radio"/> Small	<input type="radio"/> Small
<input type="radio"/> Medium	<input type="radio"/> Medium
<input type="radio"/> Large	<input type="radio"/> Large

FUNSHOP CHOICES

Please mark your child's preferences, 1 being most preferred, 8 being least interested in

Tae Kwon Do	Sports
Art	Mad Science
Drama	Food Decorating
Gymnastics (ages 5-8)	Woodworking (ages 9-11)

Parental Consent

I hereby permit my child to participate in all activities of Camp Gan Israel - on site, off site and trips. 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. The parent who signs this registration form represents that s/he has full authority to do so and will be responsible for payment of the camp fees.

Print name _____

Signature _____

Date _____