

Camp Gan Israel

24412 Narbonne Ave. Lomita, CA Phone: 310-634-4516 *Fax: 310-326-1555 Website: www.cgisouthbay.org

E-mail: rabbisp@gmail.com

REGISTRATION FORM - 2019

Please complete the entire form and print neatly

CAMPER INFORMATION									
Last Name First		irst Name			Hebrew Nan	ne	Age	DOB	
Home Address			City/State/	/Zip		Home	Phone		
School child is now attend	ing		Hebrew School			Grade	Grade Entering		
D. Marian attended			Number of coors						
Previous camp attended			Number of years						
Is there anything special	that you would I	ike us to know	about you	child?					
Father's Name	Day Time Phon	ıe	Cell Phone		E-mai	E-mail			
Mother's Name	Day Time Phon	e	Cell Phone		E-mai	E-mail			
		MED	L ICAL INF	ORMAT	ION				
D- distuision	Address								
Pediatrician	Address				Phone	e			
Any allergies? Please spe	cify			Medications					
		EMERGENC'	Y CONTA	ACT INF	ORMATIO	N			
Name Phone		Phone				Relationship			
Name		Phone	Phone			Relationship			
Name Pho		Phone	Phone			Relationship			
Name					, to				
PARENTAL CONSENT									
I hereby permit my child to	participate in a	Il activities of Ca	amp Gan Isi	rael - on sit	e, off site an	d trips.			
In case of any medical emergency whereby parents or legal guardians can not be reached, I hereby authorize the camp to take									
appropriate medical action.									
Print Name									
Signature									
Orginature Dat				Date					



Camp Gan Israel

24412 Narbonne Ave. Lomita, CA Phone: 310-634-4516 *Fax: 310-326-1555 Website: www.cgisouthbay.org E-mail: rabbisp@gmail.com

SCHEDULES AND FEES

Sessions and Fee Schedule					
Sessions	Includes all trips & a T-shirt				
July 1 - July 5 (week 1)	□ \$225				
July 8 - July 12 (week 2)	□ \$225				
July 15 - July 19 (week 3)	□ \$225				
July 22 - July 26 (week 4)	□ \$225				
Entire Summer - Prior to May 15	□ \$720 (20% Discount)!				
Entire Summer	□ \$800 (10% Discount)!				
5% Multiple camper discount	☐ (cannot combine with				
o 70 Multiple camper discount	early bird discount)				
Total \$					

Sponsor a Child!				
There are children whose parents cannot afford the cost of day camp. Your generous contribution will give them the fun they so rightly deserve.				
Give a child a week of fun!	□ \$225			
Give a child a summer of fun!	□ \$900			
Other	□\$			

Refer a Camper!

Refer a brand new camper who registers for the full four week program and receive 20% off your tuition fee.

	Session Fees \$	Sponsorship \$	Total \$			
P	☐ I am enclosing the non-refundable deposit of \$75. ☐ I will send in the balance by June 1, 2019.					
a	☐ I am enclosing full p	payment.				
y	(please make check pa	ayable to Camp Gan Israel)				
m		the non-refundable deposit of	\$75.	y card for the balance on June 1, 2019.		
e	☐ Charge my card for	the full amount.	□MC	□Visa		
n t	Card No.		100000	Expiration:		
	Signature:					



Camp Gan Israel

24412 Narbonne Ave. Lomita, CA Phone: 310-634-4516 *Fax: 310-326-1555 Website: www.cgisouthbay.org E-mail: rabbisp@gmail.com

EXTENDED CARE FORM

Please place an x on those days you will need early drop-off / after care for your child. For all just use one large x. Please place the total dollar figure at the bottom. Daily rates are \$5 early drop off (before 8:30) \$5 after care (after 3:45)

Early Drop-off 8:00 - 9:00 AM	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1 (July 1-5)					
Week 2 (July 8-12)					
Week 3 (July 15-19)					
Week 4 (July 22-July 26)					
After Care 3:30 - 5:00 PM					
Week 1 (July 1-5)					Not available
Week 2 (July 8-12)					Not available
Week 3 (July 15-19)					Not available
Week 4 (July 22-July 26)					Not available

	Number	@ \$ Amount	= Total \$
Early Drop-Off			
After Care			
TOTAL			