



B"H

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 Name	Hebrew Name	Age	DOB
Home Address		City/State/Zip	Home Phone	
School child is now attending		Hebrew School	Grade Entering	
Previous camp attended		Number of years		
Is there anything special that you would like us to know about you child?				
Father's Name	Day Time Phone	Cell Phone	E-mail	
Mother's Name	Day Time Phone	Cell Phone	E-mail	
MEDICAL INFORMATION				
Pediatrician	Address		Phone	
Any allergies? Please specify		Medications		
EMERGENCY CONTACT INFORMATION				
Name	Phone		Relationship	
Name	Phone		Relationship	
Name	Phone		Relationship	
PARENTAL CONSENT				
<p>I hereby permit my child to participate in all activities of Camp Gan Israel - on site, off site and trips.</p> <p>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.</p> <p>Print Name _____</p> <p>Signature _____ Date _____</p>				

Signature: _____



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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			