

Camp Gan Israel in Winter 2009

Come for the entire week, or just a day...your choice!

Dates and Times: Monday, December 21 – Thursday, December 24, 9:00am-3:00 pm

Ages: Children 5 -12

Location: The Sonnenschein Chabad Jewish Center 5659 Woodway Drive Fort Worth TX 76133

Activities: field trips, crafts, games, sports, cooking, and much more!

Cost: \$125.00 for the week or \$35.00 per day

For more information, please call **Chana Tovah Mandel** at 817-263-7701 or e-mail cgi@chabadfortworth.com

WINTER CAMP 2009 REGISTRATION FORM

Upon completion, mail to: Camp Gan Israel, 5659 Woodway Drive, Fort Worth, TX 76133

You can also download this form in a pdf format at www.chabadfortworth.com

CAMPER REGISTRATION

1. Campers Name	<input type="checkbox"/> M <input type="checkbox"/> F	D.O.B. / /	<input type="checkbox"/> Entire Week <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs
School		Age	Grade
2. Campers Name	<input type="checkbox"/> M <input type="checkbox"/> F	D.O.B. / /	<input type="checkbox"/> Entire Week <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs
School		Age	Grade

Comments:

PARENT INFORMATION

Mother's Name	Home Phone	Work Phone	
Email	Mobile Phone		
Father's Name	Home Phone	Work Phone	
Email	Mobile Phone		
Camper's Address		City	State Zip

EMERGENCY CONTACTS (Other than parents)

Name	Relationship	Phone
Name	Relationship	Phone

MEDICAL QUESTIONNAIRE

Has your child had any recent surgery or illness?	Does your child have allergies? (food or medication)
Does your child take medication regularly? If yes, what kind?	
Is your child current on his/her immunizations?	May we give your child Tylenol or Benadryl if needed?
Family Doctor's Name	Phone Number
Medical Insurance Carrier	Policy Number
Does your child have any mental or social handicap or other problem that we should be aware of in caring for him or her?	

PAYMENT OPTIONS

Winter Camp tuition is \$125 for the week or \$35 per day. Full payment must be in by December 15, 2009.

Full Tuition enclosed (cash or check) Please charge my credit card

Name on card: _____ Cardholder's Signature: _____

Visa MC Amex Card # _____ Exp. Date _____

We are in need of financial assistance. Please call us at home, in the evenings at _____

PERMISSION FORM

I hereby give permission for my child to be transported to and from camp, to and from field trips and to participate in all camp activities. I understand that during the course of camp activities my child may be hurt. I accept the risk of possible injury and authorize any member of the Camp Gan Israel staff to render any necessary first aid. Furthermore, in an emergency case, I hereby authorize Rabbi Mandel and Chana Tovah Mandel to have my child taken care by a physician or other medical personnel in any way the situation calls for.

Parent's Signature: _____ Date: _____