

# Camp Gan Israel in Winter 2008

B"H

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

**Dates and Times:** Monday, December 29 - Friday, January 2, 9:00 - 3:30 p.m. (after- and before-care available)

**Ages:** Children 4 - 11

**Location:** Lang Chabad Center, 3904 West Park Blvd. Plano, TX

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

**Cost:** \$180 for the week, \$45 per day/Early care from 8:00 - 9:00 am, \$25/week; \$7/day/After care from 3:30 - 6 pm, \$40/week; \$10/day

For more information, please call **Rabbi Horowitz** at (972) 596-8270 or by email [connect@chabadplano.org](mailto:connect@chabadplano.org).

## WINTER CAMP 2008 REGISTRATION FORM

Upon completion, mail to: **Camp Gan Israel, 3904 West Park Blvd., Plano TX 75075** or fax to (972) 769-7554

You can also download this form in pdf format on our website, [www.chabadplano.org](http://www.chabadplano.org)

### CAMPER REGISTRATION

<b>1. Camper's Name</b>	<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. <input type="checkbox"/> Fri.
School	Age	Grade	<input type="checkbox"/> Early Drop-off <input type="checkbox"/> Late Stay
<b>2. Camper's Name</b>	<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. <input type="checkbox"/> Fri.
School	Age	Grade	<input type="checkbox"/> Early Drop-off <input type="checkbox"/> Late Stay

Any Comments:

### PARENT INFORMATION

Mother's Name	<input type="radio"/> Mrs. <input type="radio"/> Dr.	Home Phone
E-Mail		Work Phone
		Mobile Phone
Father's Name	<input type="radio"/> Mr. <input type="radio"/> Dr.	Home Phone
E-Mail		Work Phone
		Mobile Phone
Camper's Address	City, State, Zip	Synagogue Affiliation

### EMERGENCY CONTACTS (Other than parents)

Name	Relationship	Phone Number
Name	Relationship	Phone Number

### 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 problems of which we should be aware of in caring for him or her?

### PAYMENT OPTIONS

Winter Camp tuition is \$180 for the week, or \$45 for the day. Full payment must be in by December 19, 2008.

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 have your financial committee head 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 can 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 Block, Rabbi Horowitz or Esther Horowitz to have my child taken care of by a physician or other medical person in any way the situation calls for.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_