

REGISTRATION & FEES 2012

Application Deadline: June 1, 2012

Late application fee: \$25

CAMP GAN ISRAEL

1-804-740-2000

212 North Gaskins Rd, Richmond, VA 23238

- Week 1: Jul 2 - Jul 6
- Week 2: Jul 9 - Jul 13
- Week 3: Jul 16 - Jul 20
- Week 4: July 23 - Jul 27
- Week 5: Jul 30 - Aug 3
- Week 6: Aug 6 - Aug 10

PROGRAMS

1 MINI GAN IZZY Ages 2-5
(including rising kindergarteners)

9am-1pm	9am-3pm
\$150	\$180

2 CAMP GAN ISRAEL Ages 6-9
(including rising first to fifth graders)

9am-3pm
\$180

3 TWEENS* Ages 10-12
(including rising sixth to eighth graders)

9am-3pm
\$200

4 AFTERCARE

3pm-4pm	4pm-5pm
\$25	\$25

*Pending on Enrollment

Name						
Program: check one <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3						
<input type="checkbox"/> Wk 1	<input type="checkbox"/> Wk 2	<input type="checkbox"/> Wk 3	<input type="checkbox"/> Wk 4	<input type="checkbox"/> Wk 5	<input type="checkbox"/> Wk 6	
<input type="checkbox"/> Ext Day*	<input type="checkbox"/> Ext Day*	<input type="checkbox"/> Ext Day*	<input type="checkbox"/> Ext Day*	<input type="checkbox"/> Ext Day*	<input type="checkbox"/> Ext Day*	
<input type="checkbox"/> 3-4 (AC)	<input type="checkbox"/> 3-4 (AC)	<input type="checkbox"/> 3-4 (AC)	<input type="checkbox"/> 3-4 (AC)	<input type="checkbox"/> 3-4 (AC)	<input type="checkbox"/> 3-4 (AC)	
<input type="checkbox"/> 4-5 (AC)	<input type="checkbox"/> 4-5 (AC)	<input type="checkbox"/> 4-5 (AC)	<input type="checkbox"/> 4-5 (AC)	<input type="checkbox"/> 4-5 (AC)	<input type="checkbox"/> 4-5 (AC)	
\$	\$	\$	\$	\$	\$	
* Program 1 only. (AC): Aftercare						Child 1 Total \$

Name						
Program: check one <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3						
<input type="checkbox"/> Wk 1	<input type="checkbox"/> Wk 2	<input type="checkbox"/> Wk 3	<input type="checkbox"/> Wk 4	<input type="checkbox"/> Wk 5	<input type="checkbox"/> Wk 6	
<input type="checkbox"/> Ext Day*	<input type="checkbox"/> Ext Day*	<input type="checkbox"/> Ext Day*	<input type="checkbox"/> Ext Day*	<input type="checkbox"/> Ext Day*	<input type="checkbox"/> Ext Day*	
<input type="checkbox"/> 3-4 (AC)	<input type="checkbox"/> 3-4 (AC)	<input type="checkbox"/> 3-4 (AC)	<input type="checkbox"/> 3-4 (AC)	<input type="checkbox"/> 3-4 (AC)	<input type="checkbox"/> 3-4 (AC)	
<input type="checkbox"/> 4-5 (AC)	<input type="checkbox"/> 4-5 (AC)	<input type="checkbox"/> 4-5 (AC)	<input type="checkbox"/> 4-5 (AC)	<input type="checkbox"/> 4-5 (AC)	<input type="checkbox"/> 4-5 (AC)	
\$	\$	\$	\$	\$	\$	
* Program 1 only. (AC): Aftercare						Child 2 Total \$

Name						
Program: check one <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3						
<input type="checkbox"/> Wk 1	<input type="checkbox"/> Wk 2	<input type="checkbox"/> Wk 3	<input type="checkbox"/> Wk 4	<input type="checkbox"/> Wk 5	<input type="checkbox"/> Wk 6	
<input type="checkbox"/> Ext Day*	<input type="checkbox"/> Ext Day*	<input type="checkbox"/> Ext Day*	<input type="checkbox"/> Ext Day*	<input type="checkbox"/> Ext Day*	<input type="checkbox"/> Ext Day*	
<input type="checkbox"/> 3-4 (AC)	<input type="checkbox"/> 3-4 (AC)	<input type="checkbox"/> 3-4 (AC)	<input type="checkbox"/> 3-4 (AC)	<input type="checkbox"/> 3-4 (AC)	<input type="checkbox"/> 3-4 (AC)	
<input type="checkbox"/> 4-5 (AC)	<input type="checkbox"/> 4-5 (AC)	<input type="checkbox"/> 4-5 (AC)	<input type="checkbox"/> 4-5 (AC)	<input type="checkbox"/> 4-5 (AC)	<input type="checkbox"/> 4-5 (AC)	
\$	\$	\$	\$	\$	\$	
* Program 1 only. (AC): Aftercare						Child 3 Total \$

Name						
Program: check one <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3						
<input type="checkbox"/> Wk 1	<input type="checkbox"/> Wk 2	<input type="checkbox"/> Wk 3	<input type="checkbox"/> Wk 4	<input type="checkbox"/> Wk 5	<input type="checkbox"/> Wk 6	
<input type="checkbox"/> Ext Day*	<input type="checkbox"/> Ext Day*	<input type="checkbox"/> Ext Day*	<input type="checkbox"/> Ext Day*	<input type="checkbox"/> Ext Day*	<input type="checkbox"/> Ext Day*	
<input type="checkbox"/> 3-4 (AC)	<input type="checkbox"/> 3-4 (AC)	<input type="checkbox"/> 3-4 (AC)	<input type="checkbox"/> 3-4 (AC)	<input type="checkbox"/> 3-4 (AC)	<input type="checkbox"/> 3-4 (AC)	
<input type="checkbox"/> 4-5 (AC)	<input type="checkbox"/> 4-5 (AC)	<input type="checkbox"/> 4-5 (AC)	<input type="checkbox"/> 4-5 (AC)	<input type="checkbox"/> 4-5 (AC)	<input type="checkbox"/> 4-5 (AC)	
\$	\$	\$	\$	\$	\$	
* Program 1 only. (AC): Aftercare						Child 4 Total \$

CHILD INFORMATION

Name _____ Age _____ Birthdate _____ Grade _____ Gender: M F
Name _____ Age _____ Birthdate _____ Grade _____ Gender: M F
Name _____ Age _____ Birthdate _____ Grade _____ Gender: M F
Name _____ Age _____ Birthdate _____ Grade _____ Gender: M F
Address _____ City _____ State _____ Zip _____
Phone _____ Email Address _____ School Attending _____

PARENT INFORMATION

Mother's Name _____ Home Phone _____ Work Phone _____ Cell Phone _____
Father's Name _____ Home Phone _____ Work Phone _____ Cell Phone _____

IN CASE OF EMERGENCY (OTHER THAN PARENTS)

Name _____ Relation _____
Phone _____ Work Phone _____ Cell Phone _____
Name _____ Relation _____
Phone _____ Work Phone _____ Cell Phone _____
Physician's Name _____ Phycisian's Phone _____
Insurance Company _____ ID# _____
Allergies _____ Special Needs _____

PICK-UP AUTHORIZATION (CHILD WILL NOT BE RELEASED WITHOUT PARENTAL CONSENT)

Name _____ Phone _____
Name _____ Phone _____

MEDICAL RELEASE

I hereby give my permission to the physician selected by the camp director to order x-rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and so order injection and/or anesthesia and/or surgery for my child/children as named above.

Signature _____ Date _____

PERMISSION SLIP

I give permission for my child/children to go on any field trips with Camp Gan Israel. Yes No
I am interested and able to chaperone on trips during the day. Please call me. Yes No





Signature _____ Date _____

REGISTRATION FORM MUST BE SIGNED BY PARENT OR GUARDIAN

Signature _____ Date _____

PAYMENT INFORMATION

A deposit of 50% of the total tuition is required at the time of registration in order to guarantee your child's spot. The remaining balance of 50% of the tuition is due by July 2, 2012.

Child 1 \$ _____ Initial Deposit Check (50%) \$ _____ Check # _____
Child 2 \$ _____ Post Dated Check for July 2 (50%) \$ _____ Check # _____
Child 3 \$ _____ Bill my Credit Card (no fees apply)    
Child 4 \$ _____ Card Number _____ Expiration Date _____
TOTAL \$ _____ Initial 50% Deposit \$ _____ Balance 50% billed July 2 \$ _____