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GAN ISRAEL OF ROSLYN WINTER DAY CAMP 2017

"A winter experience your child will never forget!"

ENROLLMENT FORM

At Temple Judea • 333 Searingtown Road • Manhasset, NY 11030

Phone: 516-484-3500 • Fax: 516-484-4922 • info@ganisraelroslyn.com • www.GanisraelRoslyn.com

	CHILD 1	CHILD 2	CHILD 3
Last Name:			
First Name:			
Date of Birth:			
Male/Female:			
School Attending:			
Grade:			
Attending Camp (circle days)	T W Th F All	T W Th F All	T W Th F All

Home Address:	
City, State, Zip:	
Home Phone: ()	
Father's Email:	Mother's Email:
Fathers Name:	Work Phone: () Cell Phone: ()
Mothers Name:	Work Phone: () Cell Phone: ()
Emergency Name 1:	Phone: ()
Emergency Name 2:	Phone: ()
Specific health notes-if applicable:	
Doctor's Name:	Phone:

Price per child: Full Week Discount: \$275.

Individual days: \$75 each. Wednesday Palisades Trip Day: \$85.

I am enclosing full payment of \$_____ to cover the cost of Winter Camp.

Payment Method: Cash_____ Check_____ Credit Card_____

CC Number: _____ Exp. Date: _____ Sec. Code: _____

I authorize Camp Gan Israel, in case of emergency, to have my child treated by a physician selected by the camp, in any way the situation should call for. I further give permission for my child to be transported on all trips during the winter camp.

Signature of Parent or Guardian: _____ Date: _____