



Camp Gan Israel - Jacksonville

CHILD INFORMATION		
Child's Name:	(Hebrew Name: _____)	Date of Birth:
Home Phone:	Home Address:	
City:	State:	Zip Code:
PARENT INFORMATION		
Father's Name:	Mother's Name:	
Work Phone:	Work Phone:	
Cell Phone/Pager:	Cell Phone/Pager:	
E-mail:	E-mail:	
Address:	Address:	
Employer:	Employer:	
Custody: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other (specify): _____		
EMERGENCY CONTACTS		
The following people are to be contacted in case of emergency if parents cannot be reached:		
Name:	Phone/s:	Relationship:
Name:	Phone/s:	Relationship:
MEDICAL INFORMATION		
Is your child up to date with vaccinations? If not, please attach letter from pediatrician.		
Does your child have any food or other allergies (including medications)?		
Is there any special medical or other information that we should know about? If so, please attach all relevant information.		
I hereby grant permission for the staff of this facility to contact these medical personnel to obtain emergency medical care if warranted. (use other side if necessary)		
Pediatrician Name:	Phone:	
Medical Insurance Co.:	Policy #:	
ATTENDANCE, SCHEDULES, FEES		
Please circle weeks of enrollment:	Discounts:	Hours and Weekly Fees:
6/7-6/11, 6/14-6/18, 6/21-6/25, 6/28-7/2, 7/5-7/9, 7/12-7/16, 7/19-7/23, 7/26-7/30, 8/2-8/6	<ul style="list-style-type: none"> · Register by May 10th to wave app. fee · Register for three week minimum for 10% off!!! · Second child 5% sibling discount 	Application fee: \$50 <input type="checkbox"/> 9 – 3:30 ----- \$150
PICK-UP AUTHORIZATION		
The following people are hereby authorized to pick up my child from school: (use other side if necessary)		
Name:	Relationship:	Telephone:
Name:	Relationship:	Telephone:
SIGNATURES		
I hereby permit my child to participate in all camp activities, and join in trips beyond the premises. I hereby consent to the Chabad staff to take whatever medical measures they deem necessary, at my expense, for my child in the event of a medical emergency. I also grant permission for my child to be photographed for promotional purposes.		
Parent's signature:		Date:
Parent's signature: <i>(in case of joint custody):</i>		Date:
Application Checklist: <input type="checkbox"/> Completed form <input type="checkbox"/> Application fee <input type="checkbox"/> Immunization records (blue and yellow)		