

MINI GAN IZZY – WEST ORANGE

A Division of

GAN ISRAEL DAY CAMPS - MORRISTOWN

226 Sussex Avenue, P.O. Box 1996 Morristown NJ 07962

Phone: (973) 267-9404 Fax: (973) 267-5208 Web: www.ganisrael.org Email: Greatimes@ganisrael.org

January 1, 2010

15 Tevet, 5770

Dear Mini Gan Izzy Parents:

Welcome to Mini Gan Izzy @ AABJ&D in West Orange, serving the West Orange and neighboring communities.

We are pleased to announce that registration is already open and plans for the coming year are well on their way. Please be informed that we are once again offering a program to include 4 year olds.

As in the past, we are working diligently to continue to enhance our program with exciting new activities with careful emphasis on swimming & sports with instruction.

☆ *The summer camp program will once again extend its hours from 9:00 a.m.- 2:30 p.m. for BOTH the "3's" and "4's." Fridays camp will end at 2:00 pm.*

☆ *The cost for the eight-week program will be \$1,200 (plus a \$50 registration fee). There will also be a four-week option for the cost of \$630 (plus \$50 registration fee).*

☆ *The "2's" program will be from 9 a.m.-12:30 p.m. for the cost of \$970 (plus a \$50 registration fee). There will also be a four-week option for a cost of \$530 (plus a \$50 registration fee).*

☆ *Parents of 4-year-olds who are looking for a full day program may enroll their children at Gan Israel's Kiddie Camp in Morristown, which offers a full day program from 8:45 am - 3:45 pm.*

Upon enrolling your child/ren, please enclose the following:

- 1) Completed enrollment application, by mail – please not by fax.
- 2) A \$50.00 deposit per child, which will guarantee your child a place in Mini Gan Izzy.
- 3) Two checks for the balance of the camp fees, dated no later than May 14 and June 14.
- 4) Completed medical forms, including up-to-date immunizations. **This is a requirement of the State Board of Health.** The health forms may be filled out by a parent or guardian.
- 5) Rates and dates can be found on our camp website: www.ganisrael.org

No other payment arrangements will be accepted without direct approval of the Camp Director.

Registration will close on June 1st due to limited capacity and increased response. We will accommodate on a first come, first served basis. **DO NOT BE LEFT OUT! PLEASE RESPOND TODAY!**

Additional registration and health forms can be downloaded from our website: www.ganisrael.org.

We eagerly look forward to having your child/ren spend their summer with our happy Gan Israel Family. Please feel free to call us for an appointment to visit our campus, and for any additional information.

Cordially,



Rabbi Mendel & Mrs. Chana D. Solomon
Camp Directors



MINI GAN IZZY @ AABJ&D
A Division of The Sherry Wilzig Izak Gan Israel Day Camps
ENROLLMENT APPLICATION SUMMER 2010
 Summer Session: June 28 - August 20, 2010



Family Name _____ Home Phone _____

Home Address _____ City/ State: _____ Zip _____

E-mail Address Father's _____ Mother's _____

Father's Name _____ Occupation _____ Cell Phone _____ Business Phone _____

Mother's Name _____ Occupation _____ Cell Phone _____ Business Phone _____

Parent's Status Married Widowed Divorced Separated

How did you hear about Gan Israel / Who referred you? _____

Is this your child's first summer at Gan Israel? Yes No

Check Here if New Address

Synagogue / Hebrew School Affiliation _____

CHILDREN

FIRST NAME & HEBREW NAME	D.O.B.	2'S DIV 3'S DIV 4'S DIV	AGE	GRADE ENTERING Sept '10	SCHOOL	T-shirt Size: Child: S, M,	SEASON
							<input type="checkbox"/> Full Season <input type="checkbox"/> 1 st session <input type="checkbox"/> 2 nd session
							<input type="checkbox"/> Full Season <input type="checkbox"/> 1 st session <input type="checkbox"/> 2 nd session
							<input type="checkbox"/> Full Season <input type="checkbox"/> 1 st session <input type="checkbox"/> 2 nd session

Comments Regarding attendance in Camp:

Bunkmate Request (We will try our best to accommodate - maximum two names): 1) _____ 2) _____

EMERGENCY CONTACT INFORMATION

In case of an emergency, please notify (other than parent):

Name _____ Relationship _____ Phone _____ Cell _____

Family Physician _____ Phone _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT:

I do hereby give permission to the Gan Israel Day Camp staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Signature _____ Date _____

TERMS OF AGREEMENT

1. This completed application and medical form must be returned to the Gan Israel Office prior to the beginning of camp, otherwise your child will not be permitted into camp. This is the law and we cannot make any exceptions.
2. There is a non- refundable deposit in the amount of \$50 per child and must be submitted along with the application.

I have read the camp application and agree to the terms stated. I give my child/ren permission to attend camp trips. I also grant permission for my child/ren to be in camp photos and allow the photos to be used publicly.

Parent / Guardian Signature _____ Date _____

Mini Gan Izzy @AABJ&D

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