

THE SHERRY WILZIG IZAK
GAN ISRAEL DAY CAMPS

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, 2012
6 Tevet, 5772

Dear Parents:

Welcome to Gan Israel Day Camps - Morristown, year 2012/5772. Contained in this packet are our camp brochure, enrollment application and medical form.

We are pleased to announce that registration is already open and plans for the coming year are well on their way. As in the past, we are working diligently to continue to enhance our program with exciting new activities and trips, with careful emphasis on sports and swimming instruction. We will again be serving lunches (excluding Kiddie Kamp), to ease the burden on you.

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

- 1) Completed enrollment application, by mail – please not by fax.
- 2) A \$200.00 deposit per child (credited towards camp tuition), will guarantee your child a place in Gan Israel.
- 3) Two checks for the balance of the camp fees, dated no later than May 14 and June 11
- 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 in the brochure or on our camp website: www.ganisrael.org

No other payment arrangements will be accepted without direct approval of the Camp Director. Transportation fees, which are separate, will be \$440 per child for the full summer and \$285 per child for one session.

Our expanded special Kiddie Kamp program will accommodate all children entering pre-K and kindergarten (ages 3 & 5). This program includes arts and crafts, trips, sports and swimming instruction geared for children this age.

Registration will close on June 6th 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



THE SHERRY WILZIG-IZAK
GAN ISRAEL DAY CAMPS
 ENROLLMENT APPLICATION SUMMER 2012
 Summer Session: June 25 - August 17, 2012



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 _____

Parents' 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.	BOYS DIV GIRLS DIV KIDDIE DIV	AGE	GRADE ENTERING Sept '12	SCHOOL	T-shirt Size: Child: S, M, L, XL, Adult: S, M, L, XL	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
							<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) _____

Transportation requested.

Nearest cross streets _____

Continued on back

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 on the bus or into camp. This is the law and we cannot make any exceptions.
2. There is a non- refundable deposit in the amount of \$200 per child and must be submitted along with the application. This will be credited towards tuition.
3. Special Early Bird Discount applies if application is received before April 11, 2012.

I have read the camp application and agree to the terms stated. I give my child/ren permission to attend all 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 _____

The Sherry Wilzig Izak - Gan Israel Day Camps

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