

BY THE GRACE OF G-D

GAN ISRAEL DAY CAMP

SERVING THE GREATER ULSTER COUNTY

A Project Of

Congregation Agudas Achim
254 Lucas Ave, Kingston, NY, 12401
Tel: (845) 334-9044 or Tel/Fax: (845) 331-1176
www.IloveGanIsrael.com

March 2, 2011
26 Adar I, 5771

Dear Parents,

Welcome to Camp Gan Israel 2011-5771. We are very excited about beginning our Seventh Summer of Camp Gan Israel here in the Hudson Valley / Catskills area.

We are pleased to announce that registration is open and plans for the Summer are well on their way. As in the past, we are working diligently to enhance our program with exciting new activities and trips. We will again be serving lunches to ease the burden on you.

Please read the following information carefully.

Dates: June 27 – July 15, 2010

Ages: 2 –11

Location: Congregation Agudas Achim, 254 Lucas Ave, Kingston.

Times: 9:00 am – 3:00 pm, Monday – Friday
After care is available for an additional fee. Monday through Thursday till 5:00 pm. Please contact camp director for more information.

Camp fees: \$200.00 a week per child. Fees include all expenses (including lunch, snacks and trips) unless otherwise stated. After care is an additional \$50 a week. There is a 5% discount from original price per week per child that is enrolled for all three weeks of camp. There is a 5% discount from original price per week for each additional child. There is a 5% discount from original price if paid in full by May 15th. Make checks payable to Agudas Achim.

Help a child: There are children whose parents cannot afford the cost of day camp. Your contribution will help give them the fun they so rightly deserve.

Transportation: Parents are responsible for bringing their child(ren) to and from camp. Please let us know if you would like to know of other campers near your home so you can carpool.

Enclose the following upon enrolling your child(ren):

- 1) Completed registration, agreement / emergency and medical forms.
- 2) A \$50.00 non-refundable deposit per child, credited towards camp tuition.
- 3) The balance of the camp fees, no later than one week prior to your child(ren)'s beginning camp.
- 4) Completed medical forms, including up-to-date immunizations. **This is a requirement of the Board of Health.** The health forms may be filled out by a parent or guardian.

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

Please do not send any food with your child(ren) to camp, we will provide all food and snacks to the children.

We will notify you as soon as possible, once your child is accepted into camp. Your child will not be accepted without all the necessary papers. Please note there is a camp board and sometimes the director is not in full control of the acceptance of a child.

We eagerly look forward to having your child(ren) spend their summer with our Gan Israel Family.

Please feel free to call us for an appointment to visit our campus, and for any additional information.

Sincerely,

Leah Hecht
Camp Director

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Registration Form – *Please complete the entire form and print clearly.*

CAMPER INFORMATION					
Last Name		Legal Name		Name Used	Jewish Name
DOB	Age	Gender	School	Grade Entering In '11	
Full Home Address					
Home Phone			E-Mail		
Fathers Name			Fathers Jewish Name		
Fathers Work Phone			Fathers Cell Phone		
Mothers Name			Mothers Jewish Name		
Mothers Work Phone			Mothers Cell Phone		
Synagogue / Hebrew School Affiliation			Parent Status <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		
How Did You Hear Of Camp Gan Israel?					

SESSIONS & FEE SCHEDULE	
Sessions	
1) June 27 – July 1, 2010 (1 week)	<input type="checkbox"/> \$200 After care <input type="checkbox"/> \$50
2) July 4 – July 8, 2010 (1 week)	<input type="checkbox"/> \$200 After care <input type="checkbox"/> \$50
3) July 11 – July 15, 2010 (1 week)	<input type="checkbox"/> \$200 After care <input type="checkbox"/> \$50
<ul style="list-style-type: none"> • There is a 5% discount from original price per child that is enrolled for all three weeks of camp. • There is a 5% discount from original price for each additional child. • There is a 5% discount from original price if paid in full by May 15th. 	

HELP A CHILD!	
There are children whose parents cannot afford the cost of day camp. Your contribution will give them the fun they so rightly deserve.	
Give a child a day of fun!	<input type="checkbox"/> \$40
Give a child a week of fun!	<input type="checkbox"/> \$200
Give a child a summer of fun!	<input type="checkbox"/> \$600
Total	

PAYMENT (Make checks payable to Agudas Achim)
Describe Payment Schedule

PARENTAL CONSENT
<ul style="list-style-type: none"> • I hereby permit my child to participate in all activities of Camp Gan Israel - on site, off site and trips. • I understand that my child may be dismissed during a camp day, due to illness, at the discretion of the camp, and I agree to abide by the director's decision. • The parent / legal guardian who signs this registration form represents that he / she has full authority to do so and will be responsible for payment of the camp fees.
Print Name _____ Signature _____ Date _____

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PLEASE WRITE CLEARLY

EMERGENCY INFORMATION

In case of an emergency please contact (other than parent)

Contact 1:

Name _____ Affiliation _____

Phone (all numbers that we can get in touch with them) _____

Contact 2:

Name _____ Affiliation _____

Phone (all numbers that we can get in touch with them) _____

Family Physician:

Name (practice & doctor) _____ Phone _____

CONSENT FOR MEDICAL TREATMENT:

I hereby give full permission to the Camp Gan Israel staff (a project of Congregation Agudas Achim) to obtain necessary medical treatment for my child _____ with the understanding that the family will be notified as soon as possible.

Signature of Parent / Legal Guardian _____ Date _____

TERMS OF AGREEMENT

1. This completed registration, agreement / emergency 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 that must be submitted along with the registration.
3. Special Early Bird Discount applies if application is received before May 15th.
4. All balances are due on or before one week prior to your child's attendance at camp.
5. I understand that my child may be photographed or videotaped during camp and Congregation Agudas Achim and / or its affiliate organizations, may display this materiel in different forms.
6. I have read the letter from the camp director and fully understand and agree to the terms mentioned there.

Signature of Parent / Legal Guardian _____ Date _____

CAMP GAN ISRAEL PERSONAL HEALTH AND MEDICAL RECORD

Camper Name				Date of Birth					
Street Address				Age		<input type="checkbox"/> Male <input type="checkbox"/> Female			
City, State, Zip Code				Phone number					
IN CASE OF EMERGENCY, NOTIFY (Please list someone other than a parent.)									
1	Name:			Relationship:					
	Street Address			Home Phone:					
	City, State, Zip Code			Other Phone:					
2	Name:			Relationship:					
	Street Address			Home Phone:					
	City, State, Zip Code			Other Phone:					
CHILD'S PHYSICIAN INFORMATION									
Name:				Phone number:					
Insurance:				Number:					
DISEASE OR ILLNESS, PAST/PRESENT HISTORY OF:									
Yes	No		Year	Details	Yes	No		Year	Details
<input type="checkbox"/>	<input type="checkbox"/>	Serious Illness	___	_____	<input type="checkbox"/>	<input type="checkbox"/>	Heart	___	_____
<input type="checkbox"/>	<input type="checkbox"/>	Serious Injury	___	_____	<input type="checkbox"/>	<input type="checkbox"/>	Kidneys/Bladder	___	_____
<input type="checkbox"/>	<input type="checkbox"/>	Surgery	___	_____	<input type="checkbox"/>	<input type="checkbox"/>	Infection	___	_____
<input type="checkbox"/>	<input type="checkbox"/>	Ears	___	_____	<input type="checkbox"/>	<input type="checkbox"/>	Bed Wetting	___	_____
<input type="checkbox"/>	<input type="checkbox"/>	Eyes	___	_____	<input type="checkbox"/>	<input type="checkbox"/>	Hernia Rupture	___	_____
<input type="checkbox"/>	<input type="checkbox"/>	Nose/Sinus	___	_____	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral Condition	___	_____
<input type="checkbox"/>	<input type="checkbox"/>	Chest/Lung	___	_____	<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify):	___	_____
IMMUNIZATION RECORD (Required by Law)									
Vaccine Type			Disease	2 nd Dose	3 rd Dose				
			Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr
Polio: Indicate oral or Salk in corner box. Oral: If monovalent indicate 1, 2,3 in corner box. Salk: acceptable if given after 12/31/87									
Measles (Live)									
Rubella									
Mumps									
Other (specify) DPT/HB									

In the case of an emergency and medical treatment is required (during camp or related to camp), I hereby declare that my child has Medical insurance to cover all the cost or I will be fully responsible for any medical cost incurred and not hold the camp responsible at all. In the absence of an authorized parent or guardian, Camp Gan Israel and its agents have my authority to transport my child to the nearest hospital and to secure all necessary medical treatment for my child, including anesthesia and any other medical treatment deemed necessary to my child when appropriate.

Print Name _____

Relationship _____

Signature _____

Date _____