



# Camp Gan Israel Day Camp

Monday-Thursday 9:00-3:30

Friday 9:00-1:30

**Registration Fee: \$100**

**Registration Form Mailing Address:**

117 Remsen Street  
Brooklyn, NY 11201  
(718) 596-4840 EXT 25

- Check off which session:**
- Session 1: July 8 – July 19
  - Session 2: July 22 – August 2nd
  - Session 3: August 5th - August 16
  - After Care M-T 3:30-5:00
  - All Sessions**

School Year of Entry: 20

Child's Name:

Child's Hebrew Name:

Birth Date:  Gender: M/F Age:

Home Address

Zip Code:

Telephone:  Cell Phone:

Child lives with:

Father's Name:  Hebrew Name:

Religion:  E-mail:

Home Address:

Zip Code:  Cell Phone:

Occupation:

Business Address

Mother's Name:  Hebrew Name

E-mail:

Home Address

Zip Code:  Cell Phone:

Occupation: [redacted] Position Title: [redacted]

Business Address: [redacted]

Previous/Current School: [redacted]

May we have permission to contact them? [redacted] Phone #: [redacted]

Please note below any special consideration regarding your child:

Language(s) spoken at home: [redacted]

Language(s) spoken by child: [redacted]

Names, birthdates, schools of siblings: [redacted]

How did you become interested in our Camp? [redacted]

**Parental Consent for Activities Outside the Building and Emergency Care**

I give my child permission to receive emergency treatment. I understand that every attempt will be made to contact me, or the emergency contact named below, before taking this action.

Primary Emergency Contact Name & Phone # [redacted]

2<sup>nd</sup> Emergency Contact Name & Phone# [redacted]

I, [redacted] the parent or the legal guardian of [redacted] hereby gives permission for him/her to participate in the trips and activities of camp, even if they are off site, and to allow them to participate in the offsite swimming activities.

[redacted signature line]

(Date)

(Signature)

(Relationship)

**Photographs- Please check one of the following options:**

I understand that pictures/videos of my child will be used for publicity, promotional and/or educational purposes.

- Option #1 I Give Full Consent.
- Option #2 I Do Not Give Consent

Initials\_\_\_\_\_

\*Camp Gan Israel is licensed by the New York City Department of Health and Mental Hygiene and is inspected twice yearly at our location at 81 Atlantic Avenue.