

Camp Gan Israel-Boca Raton 2010 Registration Form:

Mother's Name: LAST: _____ FIRST: _____

Father's Name: LAST: _____ FIRST: _____

Children live with: both parents mother only father only

Address _____
 City/ State /Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Emergency Contact: Name _____ Phone _____

Relationship to camper: _____

	Camper #1	Camper #2	Camper #3
Camper's Name			
Age			
School			
Grade			
Date of Birth			
Male/Female			
Special Needs			
Medication			
Allergies			

MANDATORY HEALTH INSURANCE CO: _____ POLICY NO: _____

Camp Times & Dates:	Mini 9:00-3:30 Ages 2-4	Mini-2 9:00-1:00 Age 2 only	Junior 9:00-3:30 Ages 5-8	Sports & Adventure 9:00-3:30 Ages 9-12
Session 1:	Wk 1: June 21-25	Wk 2: June 28-July 2	Wk 3: July 5-9	Wk 4: July 12-16
Session 2:	Wk 5: July 19-23	Wk 6: July 26-30	Wk 7: Aug. 2- 5	

Camp Fees:

SESSION 1 (4 wks)	\$840/session (\$210/wk)	\$690/session (\$172/wk)	\$840/session (\$210/wk)	\$940/session (\$235/wk)
SESSION 2 (3 wks)	\$630/session	\$515/session	\$630/session	\$705/session

Early Care from 8am-9am	Session 1: \$100	Session 2: \$75
After Care from 3:30pm-4:30pm	Session 1: \$100	Session 2: \$75
Daily Kosher lunch :	Session 1: \$100	Session 2: \$75

EARLY BIRD DISCOUNT FOR REGISTRATIONS (for full sessions only) REGISTER BY MARCH 7TH, PAID IN FULL BY MAY 14TH Mini and Junior camp \$1250 Sports and Adventure camp \$1450

REGULAR REGISTRATION \$25 Sibling Discount per child. PAID IN FULL BY MAY 14TH

ALL REGISTRATIONS \$200 deposit/child is required which includes \$50 non-refundable fee and \$150 credit towards camp balance.

Registration Fee Worksheet

Child's Name (check (✓) wks attending)	Division	Session 1				Session 2		
		Wk 1	Wk 2	Wk 3	Wk 4	Wk 1	Wk 2	Wk 3
Camper # 1 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camper # 2 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camper # 3 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name	Camp Fees	Lunch	Early Care	After Care	Total all fees
Camper # 1 _____	_____	_____	_____	_____	_____
Camper # 2 _____	_____	_____	_____	_____	_____
Camper # 3 _____	_____	_____	_____	_____	_____
Total all Campers:	_____	_____	_____	_____	_____

Discounts (sibling, early registration) will be calculated and applied to the final invoice.

Method of Payment

Visa
 Mastercard
 American Express
 Discover
 Check Enclosed

Name on Card _____ Card # _____
 Exp Date _____ CID # _____
 Billing Address _____
 City _____ State _____ Zip Code _____
 Cardholder's Signature _____ Date _____

Arrangement for Payment

- Payment in full due by **May 14, 2010**
- 3 equal monthly payments deducted from the above credit card the 1st of each month, beginning at registration, through May 1st.
- 3 equal monthly payments submitted on pre-dated checks written for the 1st of each month beginning at registration, through May 1st. (all checks must clear before camper(s) are admitted into camp the first day).

*MANDATORY health forms must be obtained from the pediatrician and submitted before your child can begin the first day of camp.

Please mail Registration Form, signed Terms and Conditions and required health forms with \$200 deposit/child to:

Chabad of Boca Raton
 Camp Gan Israel
 17950 Military Trail
 Boca Raton, Florida 33496

Phone: 561-994-6257, x12
 Fax: 561-998-4646
office@cgiofboca.com
director@cgiofboca.com
www.cgiofboca.com

Terms and Conditions

Deposit Information: Registration for each camper must be accompanied by a \$200 non-refundable payment per camper. This includes a \$50 registration fee plus a \$150 deposit, which is credited towards camp balance. Arrangement for Payment form must be completed with the registration and deposit.

Payments: All camp fees must be paid in full by check before May 14, 2010 and by credit card by May 1st. If complete payment is not received by the above dates, we will not continue to reserve a place in the session(s) you indicated. No exceptions. A fee of \$35 will be charged for a check returned for any reason. All registrations submitted after May 14th must be paid in full.

Discounts

Early bird discount: Register before March 7th and pay \$1250 for Mini and Junior camp and \$1450 for Sports and Adventure camp (applies for both sessions only).

After early bird discount: Camp fees for your first child will be paid at the full price. Each additional sibling will receive \$25 off the total price.

Discounts are taken off the final camp balance only.

Cancellations, Refunds & Changes: In accepting an enrollment, the camp reserves a space for your child(ren). If, for any reason the enrollment must be cancelled, the camp must be notified of the reason **IN WRITING IMMEDIATELY**. The \$150 deposit is refundable before April 16th. A full camp fee refund, less deposit and registration fee, is available until May 14th. There will be **NO** refunds or credits after May 14th. This includes all changes within the camp program. No refunds for individual days missed. Days may not be made up or carried over.

Dismissal of camper: Camp Gan Israel may dismiss a camper should it determine that the conduct of the camper is not in the best interests of the camp. No refund will be given in this event. **Initial**_____

Images: Camp Gan Israel is hereby granted permission to use any individual or group photo showing our children involved in camp activities for advertising purposes. **Initial**_____

Damage: As parents or guardians, we agree that we will be responsible for any loss, damage or destruction by our camper to any property of Camp Gan Israel or to any property for which the Camp is liable or chargeable. **Initial**_____

Permission to participate: Participation in any of the Camp Gan Israel activities and use of any recreational facilities involves risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by Camp Gan Israel, I/we, as an individual/parent/guardian of the participants named indemnify and hold harmless Camp Gan Israel, its officers, directors, independent, contractors, volunteers and all employees for any illness or injury to me or my children or my family members occurring during his/her/our participation in any activities or use of any facility at/or conducted by Camp Gan Israel. **Initial**_____

Medical Care: In enrolling my child in Camp Gan Israel, I authorize the officials of the Camp to act for the parents while my child is in their care. This includes the power to authorize emergency medical treatment. **Initial**_____

I have read and accept all of the terms and conditions set forth on this and the registration form.

Parent (or Guardian)_____ **Date**_____