

# CAMP GAN IZZY REGISTRATION FORM 2016

Complete the registration form below, drop off or mail it to:

**Camp Gan Israel**

**17316 Sunset Blvd. Pacific Palisades, CA 90272**

Payment plans available for families needing financial assistance.

For more information, call 310-454-7783

info@CGIPalisades.org    www.CGIPalisades.org

CAMPER REGISTRATION					
1. Camper's Name	DOB	Age	Gender	Grade Entering Sept. 2016	
Address		City/State/Zip			
School (Fall '16)			<input type="checkbox"/> Classic Gan Izzy <input type="checkbox"/> CIT K-5 <sup>TH</sup> 6 <sup>th</sup> -7 <sup>th</sup>		
2. Camper's Name	DOB	Age	Gender	Grade Entering Sept. 2016	
School (Fall '16)			<input type="checkbox"/> Classic Gan Izzy <input type="checkbox"/> CIT K-5 <sup>TH</sup> 6 <sup>th</sup> -7 <sup>th</sup>		
Number of T-Shirts	Youth T-Shirt Size : ___ XS ___ S ___ M ___ L      Adult T-Shirt Size: ___ S ___ M ___ L Camp fees include one camp t-shirt, mandatory to be worn on all trip days. Additional shirts are available at \$10 ea.				

PARENT INFORMATION	
Mother's Name	Home Phone (    )
Address (If different than child)	Work Phone (    )
Email Address	Cell Phone (    )
Father's Name	Home Phone (    )
Address (If different than child)	Work Phone (    )
Email Address	Cell Phone (    )

EMERGENCY CONTACT INFORMATION			
Additional Emergency Contact Name	Home Phone (    )		
Home Address	Work Phone (    )	Cell Phone (    )	
List all persons authorized to pick-up camper from campus			
Name	Relationship	Home Phone (    )	Cell Phone (    )
Name	Relationship	Home Phone (    )	Cell Phone (    )
Name	Relationship	Home Phone (    )	Cell Phone (    )

PRICING & SCHEDULE			
	Full Session (6/27 – 8/5)	Weekly Option	Daily Option
<input type="checkbox"/> Gan Izzy & C.I.T. Programs 9:00 – 3:30 M - F	<input type="checkbox"/> \$1880	<input type="checkbox"/> \$350	<input type="checkbox"/> \$85
<input type="checkbox"/> Early Drop Off 8:30 (Monday – Friday) Please circle the days you will need	\$5/Day M – T – W – TH – F      Week # _____		\$20/Week 1 – 2 – 3 – 4 – 5 – 6
<input type="checkbox"/> Extended Care 5:30 (Mon – Thurs) Please circle the days you will need	\$10/Day M – T – W – TH      Week # _____		\$35/Week 1 – 2 – 3 – 4 – 5 – 6
Sibling Discount for each additional sibling: \$50.00 (applies to full session only)		_____	
Early Bird Discount – Registered before May 1st: \$75 (applies to full session only)		_____	
For weekly or daily options, please mark which ones: _____			Total \$ _____

## HEALTH FORM

**Please use one Health Form per camper only.**  
You may photocopy this form for additional forms.

Camper's Name \_\_\_\_\_ Session registered at CGI \_\_\_\_\_

Please check below if your child currently has or has suffered from the following:

- Serious Illness/Operation   
  Ear Trouble   
  Kidney Disease   
  Glasses/Contact Lens   
  Asthma   
  Eye Trouble  
 Rheumatic Fever   
  Hearing Aid   
  Seizures   
  Heart Disease   
  Tuberculosis   
  ADD/ADHD

Please explain any items checked (attach an additional page if necessary) \_\_\_\_\_  
\_\_\_\_\_

Are your child's immunizations current for the State of California school requirements?  Yes  No

Does your child have any food, medication, insect bite or sting allergies that we should be aware of?  Yes  No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Does your child have any behavior, emotional, physical or mental health problems that we should be aware of?  Yes  No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Has your child had a tetanus shot?  Yes  No    Date of last tetanus shot? \_\_\_\_\_

Name of your child's physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Name of Insurance \_\_\_\_\_ Group or Medical # \_\_\_\_\_

Name of your child's dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

All prescription medications must have an accompanying written statement from the physician detailing the purpose and method of dispensing the medication (see below.) Prescription medications must be in the original, labeled container.

Nature of condition (s) requiring medication \_\_\_\_\_  
\_\_\_\_\_

Name of Prescribed Medication	Dosage	Time of Administration	Adverse Reactions?
_____	_____	_____	_____

## PARENTAL RELEASE AND CONSENT

All of the forms must be on file in the camp office prior to the first day of camp. Parents are responsible for keeping the center informed of any changes in the emergency information.

If your child becomes ill during the camp day, you or your emergency contact will be called to take your child home. We will not release your child to anyone other than the parents unless we have authorization in writing in the camp office. If someone else will be picking up your child, please fill out the permission slip provided by the teachers/counselors.

In case of an accident or any emergency requiring immediate attention, our first attempt will be to reach the parent, then follow the instructions on the emergency form. We will call the doctor and/or paramedics. Our staff will take every precaution necessary to provide and implement a SAFE environment for your children.

In case of a disaster (i.e.: earthquake, fire etc.) that renders our facility unsafe, we would evacuate to the inner gate on the corner of Los Liones and Sunset Blvd. Also our staff will be assisting you with more detailed information upon your arrival so that you can pick your child up safely.

I certify that no information concerning the health of this camper has been withheld or misrepresented. I authorize our physician to provide further medical history should it be deemed necessary.

This completed form may be photocopied for trips out of camp. I hereby give permission, for my child registered in any of the Monday-Friday programs of Camp Gan Israel, to be taken by school bus on all outings and trips. I give permission to Camp Gan Israel to use camp photos of my children in any camp publicity.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date